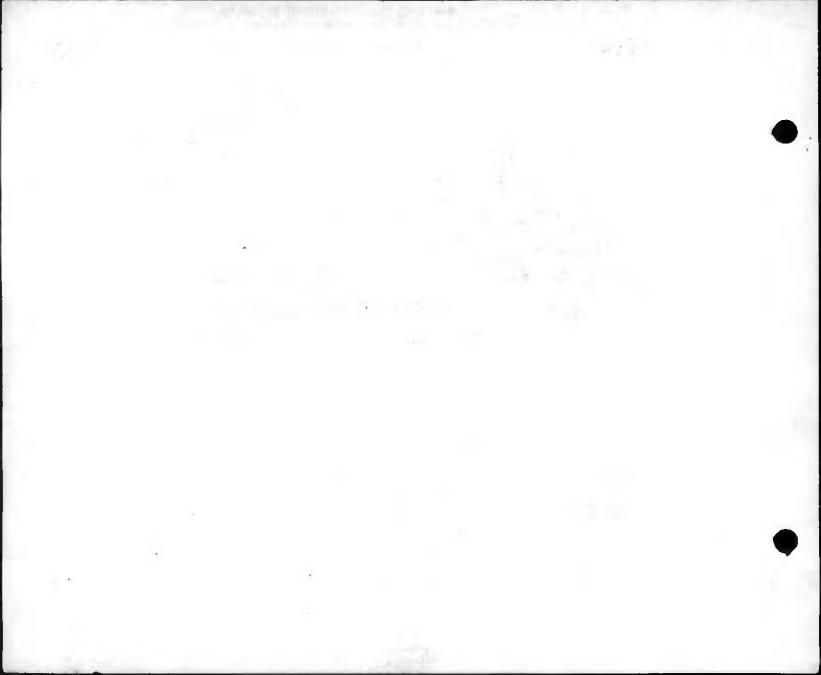
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY p. COUNTY o. STATE P.M.3. Page MAPYLAND death delay Deportment c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write_RURAL and give negrest town) offer a HOSPITAL OR INSTITUTION (If not in hospital give street address) e. IS RESIDENCE ON A FARM? d NAME OF Item 18. Give Pages 1, Office olang with form NO Stote [72 hour YES This certificate should be executed within 24 hours after death. Year 3. NAME OF Middle DATE DECEASED (Type or print) DEATH IF UNDER 24 HRS AGE (In veors S SEX 6 COLOR OR NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED event 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR MOUSTRY during most of working life, even if retired) COUNTRY 2 the Chief Medical Examiner's MOTHER'S MAIDEN 13. FATHER'S NAM E File and 16. SOCIAL SECURITY NO. INFORMANI 15. WAS DECEASED EVE (Yes, no, or unknown) or removol. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) please execute the certificate, writing the word burial, cremotion, DUF TO Conditions, if any, which gave rise to immediate couse (a), forwarded to DUE TO stoting the underlying couse 0 00 nseq WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES pe agent, prior to 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should **EXAMINER:** CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 5 may be retained for your O FUNERAL DIRECTOR: Poge at work of work the funeral director. Page its designoted Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy Inspection (ond in my opinion Undetermined monner deoth resulted from: Noturol couses Accident Suicide Homicide CHIFF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c NAME OF 23d. LOCATION (City or Town) BURIAL CREMATION DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY a. STATE Harford Maryland Harford MARYLAND the funeral 5 mar Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b .Toppatowne Havre de Grace a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? any delay ix, 2, and 3 to to PM3. Page State hours Harford Memorial Hospital Haslett Road Day DATE Month NAME OF Flist Middle teal DECEASED 66 30 ETHEL PLECCHER BIERBAUM January DEATH 19 (Typa or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 9 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH form executed within 24 hours after death. I ding" in pencil in Item 18. Give Pages lical Examiner's Office along with forn 1915 White June WIDOWED DIVORCED [Female 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Giva kind of work dona | 10b, KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) Boone. North Carolina Prof. Nursing Murse pages I in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Millard Fletcher Bertha M. Bland File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 110, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. I 00-16-4 Husband. same C INTERVAL BETWEEN CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit The certificate, This certificate should be execut the certificate, writing the word "pending" is should be forwarded to the Chief Medical Er files. cremation, DUE TO Conditions, if any, which (b) gava rise to immadiata DUE TO cause (a), stating the used as a to burial, rd underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) CERTIFICATION PERFORMED? NO T YES I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20 3 should be agent, price MEDICAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year I factory, street, offica bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work Inquiry X. and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ge 4 your 22. DATE SIGNED execute . Page 4 ASSISTANT MEDICAL EXAMINER SIGNATUR 1966 1 Feb. for 6 DEPUTY MEDICAL EXAMINER X FUNERAL I EXAMINER'S please ex director. retained Gerald C. Palmer, M.D. Bel Air. Md. Address (Street, city, town, or county) NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) of 0 Cremation 2-3-66 Loudon Park Cemetery Co. Baltimore. Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tarringonasineral Aberdeen. Maryland VR ALEME (5) DETE 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

10.10.75 The state of the s 82.500 3 700-23 (-000 ,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00776		CERTIFICA	TE OF DEATH		00759
1	PLACE OF DEATH a. COUNTY	Ford	MARYLAND	2. USUAL RESIDENCE (a. STATE	Where deceased lived, If institution b. COUNTY	tion: Residence before admission) HARFOR
	HAURE C	Itside corporate limits, ve nearest town) C C P C OR INSTITUTION (If not in h	1 C. LENGTH OF STAY IN 1	V HAURE	de ORA	RURAL and give nearest town) C / 1 - / I e. IS RESIDENCE
3.	HARFOI	Rd Memor	ial HosPita	IIRFD 1	Box 30,	ON A FARM? YES NO NO
	(Type or print) 5 A	RAH First	MeliA	Bishop 4	DEATH Janua	
	Female C	LOR OR RACE 7. MARRIED WIDOWEO	OIVORCED [8. DATE OF BIRTH Nov. 28, 190.	2 last filthday) Mo	/ 16
10 du	a. USUAL OCCUPATION (GI ring most of working life	re kind of work done 10b. K even If retired)	IND OF BUSINESS OR NOUSTRY Dusewife	Md		12. CITIZEN OF WHAT COUNTRY?
13	George	H. Bon	1	14. MOTHER'S MAIOEN	- /	
1! (Y	ES, no, or unkown) (If yes	U.S. ARMED FORCES? 16.	1	nr. Oscar Bis	Address shop, Have de	Praces mid.
	PART I. DEATH W.	DIATE CAUSE (a) G	1 1	embesis		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, we gave rise to immed cause (a), stating	iate (
_	underlying cause last.	(c) (re)		teriosclerosis		
CERTIFICATION	PART II. OTHER SIGNIFI	(9)	Aello fus.	ESSEMAN HY	ASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MI	IDERLYING [] 20b. CAUSE OF DEATH (DICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of In)	ury in Part I or Part II of ite	em 18.)
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 20d. I While 19 at worl	Not While fac	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that saw the deceased	(I) (this hospital) attend	ed the deceased from			1966, that (I) (we) last I on the date stated above.
	22a. SIGNATURE	Eorge J. St	1 0	ATTENOING MED	22	2b. DATE SIGNED
=		LEUR GET. Stan	sbury		ionst. Harred	Grace, Md.
23:	BURIAL, CREMATION, BEMOVAL (Specify)	23b. DATE THEREOF	St. James a.	- 3	23d. LOCATION (City, town	or county) (State) I Sarford, Md.

VR A15 (4)

PGS III A to the sale of the last 1640 Robins Follow - The section me Cargo Bully Have a True and the state of the s

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1 N	ΙΔΡΥΙ ΔΝΩ
	CERTIFICATE OF DEATH	00260
1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where Accessed lived, If institution: B a. COUNTY b. COUNTY b. COUNTY	esidence before admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL)	and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	9. IS RESIDENCE ON A FARM?
2	Harford Demorral 2104 Harford Kd	YES NO
	DECEASED (Type or print) Nary Bova DEATH	3/ 1966
5.	WINDOWS OF OLYGOCES OF ALL 1875- Olast birthday) Months	Oays Hours Min.
10a dur	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
13.		- 11
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address synd, or unknown) [(If yes give war or dates of service)]	10/110
-	The link. Hosp Cliends, Howed There-My	. INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: (a) Chronic Cardiac Decompensation	2 years
	Conditions, If any, which) (b) Allrosclerolic Cardiovascular Disease	?
	cause (a), stating the OUE TO	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIES MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIES MEDICAL EXAMINER)	1 1
EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at wor	nty) (State)
2	21. I certify that (I) (this hospital) attended the deceased from 31, 1966 to Jan 31, 196	6 that (I) (we) last
	22a. SIGNATURE 22b. D.	he date stated above
	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	11/66.
23a	PRINTIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CHMETERY OR CREMATORY 23d.) LOCATION (City, John or col	inty) (State)
24	2/4/66 Manderew Ralem Onio	S SIGNATURE
1	Eurosetin Pm Hawde Grace Md' WEB 7' 1956 Jeliante	Judge
	3. 5. 10adur 13. 15 (Ye	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. CUNTY 3. COUNTY 4. COUNTY 4. COUNTY 5. CUNTY OR TOWN (If oylside perforte limits, write-Rudal write Rural, and kylone-gly Dynn) 4. NAME OF TOWN (If oylside perforte limits, write-Rudal write Rural, and kylone-gly Dynn) 5. SEX 6. COLOR OR ROCE 7. MARRIED NEVER MARRIED 6. STATE 8. OATE OF BRITH 9. AGE (in year) IF FUNDER 109. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done)

applied His + 1 allater Expend 21 toward 2104 Harfeed Fed Dava Carmela Cancillo Smozone Tra-EP 7. NES

1

dealth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defined. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OFFICE OF DEATH

00100						
1. PLACE OF DEATH a, COUNTY		2. USUAL RESIDENCE	E (Where deceased liver		esidence before	admission)
a country of the	MADVIAND	a. STATE	mul 1	. COUNTY	Jank	-1
b. CITY OR TOWN (if outside porporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outskie corporate lin	Ita. write RURAL	and gire near	rest town)
1 1 1 - 1 1/19		61.	0,	19	. 0	1
d NAME OF HOSPITAL OF PROTUTION (15 not in to	and the chart address.	Have	de f	stace)	10.100	FOIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS	1-0	0		ESIDENCE A FARM?
Harford Memoria	2 Hospital	820 Da	rfield	Krad	YES _	NO
3. NAME OF First	Middle /	Last	4. DATE	Month		Year
(Type or print) M. elven	Kandall Co	alandar	DEATH	/	24 1	966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In	vears LE UNDER 1	1 YEAR IF UND	
male negro WIDOWED	DIVORCED	3-30-24	4 lest bin	thday) Months	Days Hour	rs Min.
1Da. USUAL OCCUPATION (Give Mind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Cou	unty & State, or foreign	country) 12, CJ	TIZEN OF WH	AT
1 01	NOUSTRY O O.	1 1 :4	21.	59	UNTRY?	7
13. FATHER'S NAME	. Hosp. Perry ren		10 11. 1	1 a. a	· Witt	*
A SA A A A	, ,	14. MOTHER'S MAIDE	IN NAME	1.		
Nancel It. Calander	, SV.	Pearl	m. re	ters		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address 820	Systill	a Rd.
	36-26-7726 m	no Pearl m ("alender :	Have de	Gree.	md.
6. CAUSE OF DEATH [Enter only one cause per li	1 4 1 1	-//	1	Y	INTERVAL E	BETWEEN
PART I. DEATH WAS CAUSED BY:	. 0 0	0 11 0			ONSET ANI	
IMMEDIATE CAUSE (a) Mas	sive (erebro	X Almorrha	ge -			
TTO A DUE TO			O			
Conditions, If any, which gave rise to Immediate (b)						
cause (a), stating the DUE TO			1.			
underlying cause last. (c) Hype	ertensive Card	iovascular o	disease_			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 208. ACCIDENT WAS UNDERLYING 20b. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE CONDITION GI	VEN IN PART 1(a)		AUTOPSY ORMED?
B:0-to	- O Wealers	D:+P			YES T	NO
208. ACCIDENT WAS UNDERLYING 20b. C	DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of I	Injury in Part I or Pa	art II of Item 18.		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	7		.,,			
	HUNY COOLINGE LOS- DI	AP OF INDIPIDATE ASSESSMENT	- 1 006 (014) 1		4.3	(Chata)
20c. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 at work	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, far bry, street, office bldg., etc	m, 20f. (City or to	own) (Cour	nty)	(State)
p.m. 19 at work						
21. I certify that (I) (this hospital) attended	ed the deceased from	4/13 .19	64, to 11:	24 . 196	6, that (I)	(we) last
saw the deceased alive on 1/24		t death occurred at/o:				
22a. SIGNATURE			The state of the s		TE SIGNED	
Years 7 Att	bury. M.I		IED. STAFF		21/6	_
22c. PHYSICIAN'S A	m.	22d. ADDRESS	INCOION FIII3.		- + / 0	0
NAME (Type) (Teorge T. Sta	m Hery	569 Revolution	on 5to Haure	J. Care	Marular	-1
23a. BURIAL CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION ((State)
REMOVAL (Specify)	B A	A A TO	230. LOCATION (oity, town or com	my)	/
Buil 1-41-66	pallimore,	National Cem.	1 Dille	more	114	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'		5b. REGISTRAR'S	SIGNATURE	
Otelis & Bullock, Hav	re de Drice	med. DIAN 2	2 6 1966	gelianelly	judge	

VR At5 (4) 20M 1/65

AND UD the state of the s There ile mone The year of program it of a compact from - Meline Fredelle Colendar - 1 29 56 male negre - 2-30-24 41 mate name to peopling from the Homestern H. 7 or U. S.H. Gende H. Calendar, See . France Mr. Paters Yes WWI 226-26-7726 Mar. Beat M. Calander, Harri La Grice med Single 1 21 66 Southern Johns as Bullinson, The surface of the second of the second of the second

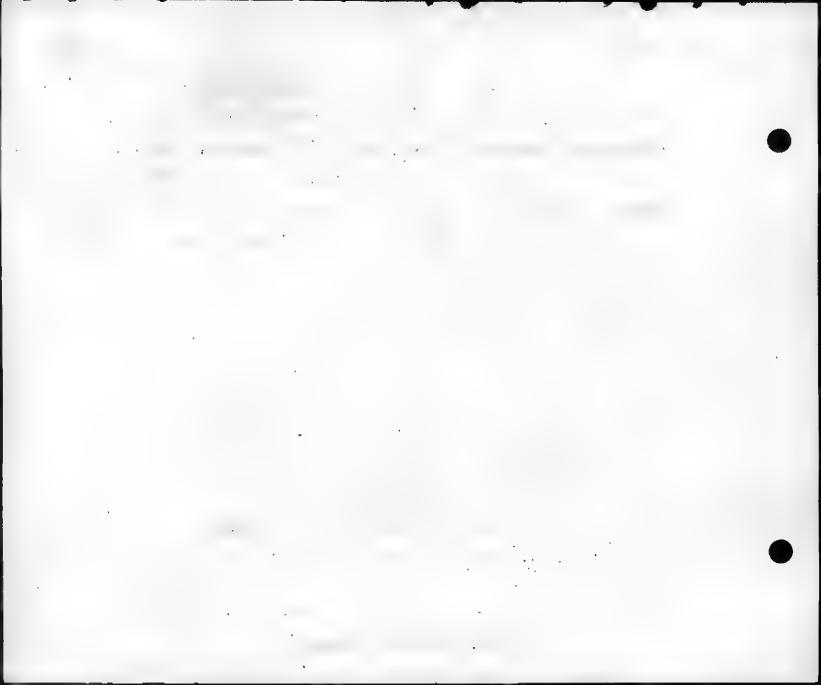
executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. THE THE TABLE OR STRENDING TAYSICEN: The last requires that the death certiff Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00262

1. PLACE DF DEATH a. COUNTY //	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
HIARFORD MARYLAND	a. STATE MARILLAND b. COUNTY HALLEORD
b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	HAURE de Carre : '
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
HARFORD Menor Al Hosa 741	911 WALVEN St. Ext. YES NO DO
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) JARRett (10	//ins DEATH JAN 10 19 66
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
MALE COL WIDOWED DIVORCED	May 19, 18 75 last birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR	11. BERTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Darlington, ml. W. J. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
no Record	no Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 220-52-4209 m	ro. aluce Jenefer . 91, Warren St. Ext Hane de Green
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	artial accomplisation ?
DUE TO 1 A	2 D. A
Conditions, If any, which) (b) Arlencoseler	tie Cardiovascila Chiscaso ?
gave rise to immediate (
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OFFIER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO MAKE A CHELLY CONTRIBUTION . +	malantrition + trabates YES NO X
20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part If of Item 18.)
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCI B CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY LAEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PL	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLE Hour a.m. While Not-While at work at work at work	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	In . 10th : 1966 to Jan . (C. 1966 that (1) (we) last
	t death occurred at 9 2 M, from the causes and on the date stated above.
22a. SIGNATURE	L 22h DATE SIGNED
Etward Looms M.	ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S /	22d. ADDRESS
NAME (Type) Edward C. Loo, M.C.	- Havre al Grace and.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Quine 1-10-66 Mr. Cheran	
24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Charle 7/ Juliuse House &	Cacylly Date 1 1500

VR A15 (4) 20M 1/65



1/65



MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORD		RE 1, MARYLA
	UUIOD	TE OF DEATH	()()7
	PLACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived, if insti	
	Harford MARYLAND	Maryland	Harfor
	c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest fown)	c, CITY OR TOWN (If outside corporete limits, write RL	
	Rural) Havre de Grace J. NAME OF HOSPITAL OR INSTITUTION TITNOT In hospitel, give street eddress)	(Rural) Havre de	Grace
		d. STREET ADDRESS	
3	R.D. 2,	R.D. 2	Yi Day
٥.	DECEASED (Type or print) AUGUSTA C.	FILSNER OF	
5.		8. DATE OF BIRTH 9. AGE (In yours IF	
•	77 7 - 117 - 3	Jest birthdey) M	ionths Days Ho
1De	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	RY II. BIRTHPLACE (County & State, or toreign country)	12. CITIZEN OF W
do	canner (Ret.) Canning Factor		U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.D.R.
	Charles Goethe	U	nknown
15.	WAS DECEASED EVER IN U.S. ADMED CODOCCO 14 COCIAL SECURITY NO. L. 17	INFORMANT Address	· ·
{ Te	s, no, or unkown) ((tyesgivewerordetesofservice) 218-32-009	Arthur W. Elsner, Havre	de Grace
- 7	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1	INTERVA
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	乙	ONSEI
	DUE TO	A R. O	2
	Conditions, if any, which (b)	n ay power	0. 9
	geve rise to immediate cause (e), stating the underlying DUE TO	of Culon	1.
	ceuse lest. (c) CUCCUO	ma of coon	· Y
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
ICA1	A CENTRAL AND LANGUAGE CONTRACTOR OF THE CONTRAC		YES
CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH	RED. (Enter natura of injury in Port 1 or Port 1 of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ! 2Df, (City or town)	(County)
MEDICAL	Hour a.m. While Not While	ctory, street, office bldg., etc.)	(000017)
X	p.m. 19 at work at work	A44.6 10/6 11 1/11/	10/16/11
	21. I certify that (I) (this hospital) attended the deceased from	t death occurred ab : 30M, PMh, the causes and	, 19. 6.6 ; that Lon the date st
	saw the deceased alive on 19.00, and that	death occurred at \$1.50M, from the causes and	011 1110 0010 311
	189 M. J. Mr. Janes	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	13 Jan.
	25c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	ه دین و د
	NAME (Type) Irvin L. Wachsman. M.D.	. 407 S. Union Ave. Ha	vre de (
230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county)
230			or county) Marvlance
	BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY	netery Aberdeen. L Home 250. REC'D BY REGISTRAR 25b. REGIST	



TO FULERAL DIRECTOR. After this certificate has been signed by the attending physician after onpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemuted mithin 24 llours after lleath.

Page 4 mmy be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

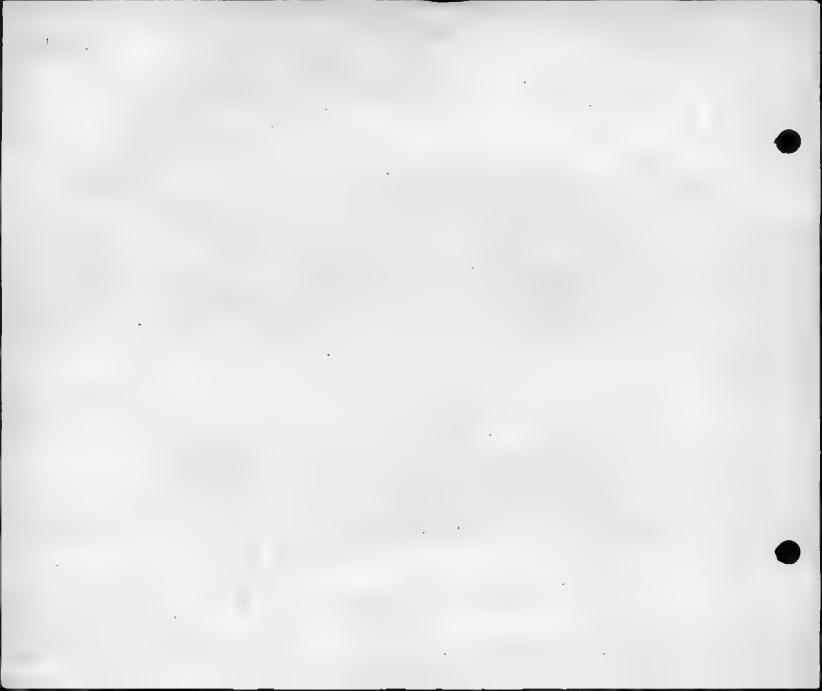
0078	3	CERTIFICAT	E OF DEATH	-00766		
1. PLACE OF DEA	TH		2. USUAL RESIDENCE (Where deceased lived, if Institution: R	esidence before admission)		
a. countr	Harford	MARYLAND	a. STATE Maryland b. COUNTY Har	ford		
b. CITY OR TO	WN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
Aberdeen	Proving Ground	2 Months	Aberdeen Proving Ground	. /		
	OSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE		
Kirk Army	/ Hospital		7th ETC, USAOC&S	YES NO		
3. NAME OF	First	Middle	Last 4. DATE Month	Day Year		
OECEASED (Type or print)	Jerry	Lee	Fortin DFATH January	4 19 66		
. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS		
Male	White WIDOWE		19 Sep 1946 19 Months Months	Days Hours Min.		
Oa, USUAL OCCUPA	ATION (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT		
Soldies Soldies	king life, even if retired)	INDUSTRY Army		untry? JS		
13. FATHER'S NA		732.113	14. MOTHER'S MAIOEN NAME			
John F	Fortin		Louise Harloff			
15 WAS DECEASED	TEVERINIES ARMEDEARCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT Address			
(Yes, ne, or unkown)	If If the nive war or dates of comien's		.S. Army Official Records			
			.b. Almy Official necords	INTERVAL BETWEEN		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Meningiococcemia						
PARI I. I	, IMMEDIATE CAUSE (a)	Meningiococce	mla	ONSET AND DEATH		
- /	DUE TO					
Conditions, If						
gave rise to	\ OHE TO					
underlying car	use last. (c)					
PART II. OTHER 20a. ACCIDEN OR CONTRIBU (IF EITHER, N	SIGNIFICANT CONDITIONS CONTRIC	BUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
20a. ACCIDEN	T WAS UNDERLYING 20b.	OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury in Part I or Part II of Item 18.)		
OR CONTRIBU	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)					
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)		
20c. TIME OF	111111	e - rot while -	ry, street, office bldg., etc.)			
	o.m. 19 at wo		January 1966 to 4 Jan 1960	that (I) T(W6) last		
	Ify that (A) (this hospital) atten	ary /119 66 and that	t death occurred a 9:30AM, from the causes and on the	ha data atatad ahaus		
saw the d	0000000 01114 011	and that		NE GATE STATED ADOVE		
ZZZ. SIGNAII		/ //.	ATTENOING MEO. STAFF	an 66		
22c. PHYSIC	LABOR () CHI / A	M.C	D. PHYS. DIRECTOR PHYS. 14 0	<u> </u>		
NAME (R,Maj,MC	Kirk Army Hospital, Aberdeen	PG, Md.		
23a. BURIAL, CRE	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or con	inty) (State)		
Removal is	pecify) 11/5/1966	Mt. Emblem	emetery Elmhungt			
24 FUNERAL DIF		ADORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE		
100-111	Milloran & AA	1/. Pannyari 17	Le Md DalaN 10 1966 Mlunels	o Inda		
Le 11	Murun + MA	V, Perryvill	Le Ma DARN IU 1966 ,	June 1		

VR #15 (4) 20M 1/65



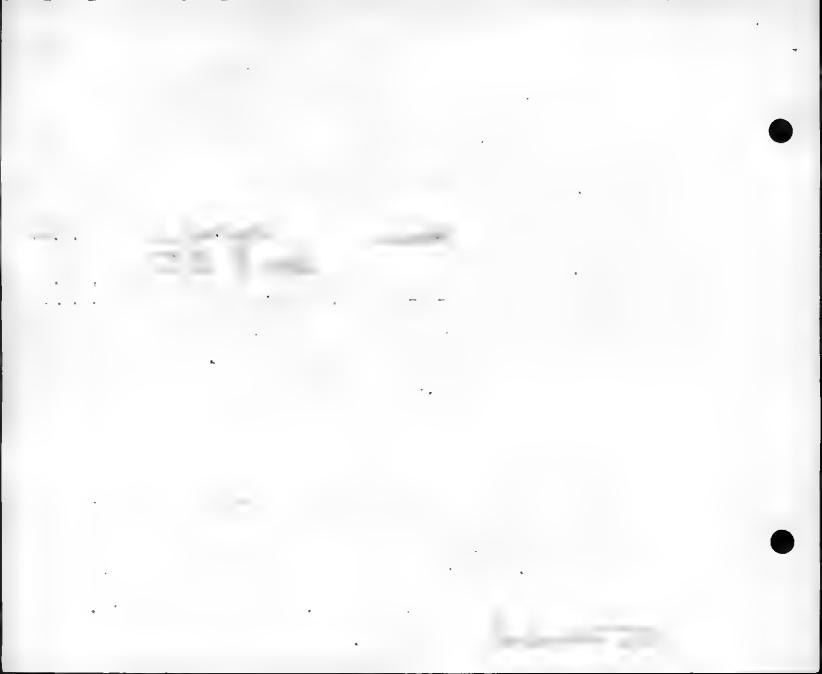
1	DIVISION OF STATISTICAL RESE	EARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
A	00784	CERTIFICATE OF DEATH	00765
	PLACE OF DEATH	2. USUAL RESIDENCE	Where decresed lived, if institution, Residence before edm
1	Harford Many	land MARYLAND Maryla	nd b. collectural
	b. CITY OR TOWN (if outside corporale limit, write RURAL and give nearest lown)	000 1100	side corporate limits, write RURAY and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not h	n hospital, give street address) d. STREET ADDRESS	o. IS RESI
211	Harland Minneal	815-D.W	sakington YES N
3	DECEASED //	(1)	DATE Month Dey Year
\ <u>.</u>	(Type or print) + tanks	-1: 1 me	9. AGE (In years IF UNDER 1 YEAR IF UNDER 2
[)5	MI. 0 111/1-1	OWED DIVORCED DIVORCE	lest birthdey) Months Days Hours
1	of the total		State, or foreign country) 12. CITIZEN OF WHAT CO
	Clerks 0.	Euples Cout Billin Baltims	re U.S. A.
1	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E
, 1	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INFORMANT	21- Adores I when the
í i	es, no, or unkgwn) (Hyesgivewarordatasofservice)	Imburnon Olive Frichs	Johnson Gery Mid
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c)-!	INTERVAL BETV
	IMMEDIATE CAUSE (a)	lail Myseardial	wfarelin 10 m
	Conditions, If any, which \ (b)	ASCUD	109
	gave rise to Immediate cause (a), stating the underlying DUE TO	The state of the s	in the same of the
	cause last. (c)		
S S	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL E	PERFO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port	YES
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2 While Not While factory, street, office bldg., etc.)	Of. (City or lown) (County) (
×	p.m. 19	t work at work	64 000
	21. I certify that (I) (this hospital) a	78 / / / / / / / / / / / / / / / / /	A from the causes and on the date stated
	228. SIGNATURE	//	226.
	John J	ATTENDING MED.	TOR PHYS. 75/1/6
/	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	LO (FRAIS IS
2	a. (SURIAL, CREMATION, 23b. DATE THEREOF	239 NAME OF CEMETERY OR CREMATORY // 23	d. LOCATION (Gity, lown or county) (Site
2	REMOVAL (Specify) 2/2/68	Harfud Memorial Carelais	Welling Md.
10/3	PUNERAL DIRECTOR'S, SIGNATURE	and the Man CED	Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
يال	aming tim Van, Mil	Mai Day DATEED	(1933 /

THE PERSON NAMED IN





MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE **MEDICAL EXAMINER'S** CERTIFICATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE CDUNTY Department after death. e funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEI EXAMINER: This certificate should be executed within 24 hours after death. If any detail each certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Page 4 should be forwarded to the Chief Medical Examiner's Office and the form PM3. Page State hours Churchy ND X NAME OF Middle DATE Day Last Year 2년 72일 DECEASED 0F d (Type or print) DG DEATH 1447 19 6 with 6. COLOR OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 ARS NEVER MARRIED X 7. MARRIED last birthday) Months I Days Hours 5 × WIDOWED DIVORCED 8 945 20 event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY Clerk Grocery Baltimore. Maryland pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Robert Grogan Lee Irene Cook and and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. INFORMANT Box (Yes. no. or unknown) | (If yes give war or dates of service) permit. removal Aberdeen. 5-42-0588 Md. No Robert 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL DETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or I **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating æ underlying cause fast, used as to burial CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be agent, prior 20a. EXTERNAL CAUSE WAS OESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Part 1 or Part 11 of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, MEDICAL (State) 20d, INJURY (City or town) (County) factory, street, office bldg., etc.) Not While CTOR: Page designated at work at work charge of the remains described above, held an Autopsy Inspection files. FUNERAL DIRECTOR: I Health or its design Undetermined manner Accident YOUT DATE SIGNED ASSISTANT MEDICAL EXAMINER for DEPUTY MEDICAL EXAMINER director. retained f **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION.1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 하 0 Burial Roads Baptist Upper Cross Bal dwin **FUNERAL DIRECTOR** REC'D BY REGISTRAR ALSME (5) 1/65



executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 mours, after death. TO HOSPITAL OR NITERING PRYNCTING The law requires that the Leath certificate De Page 4 may be retained by the hospital or attending physician.

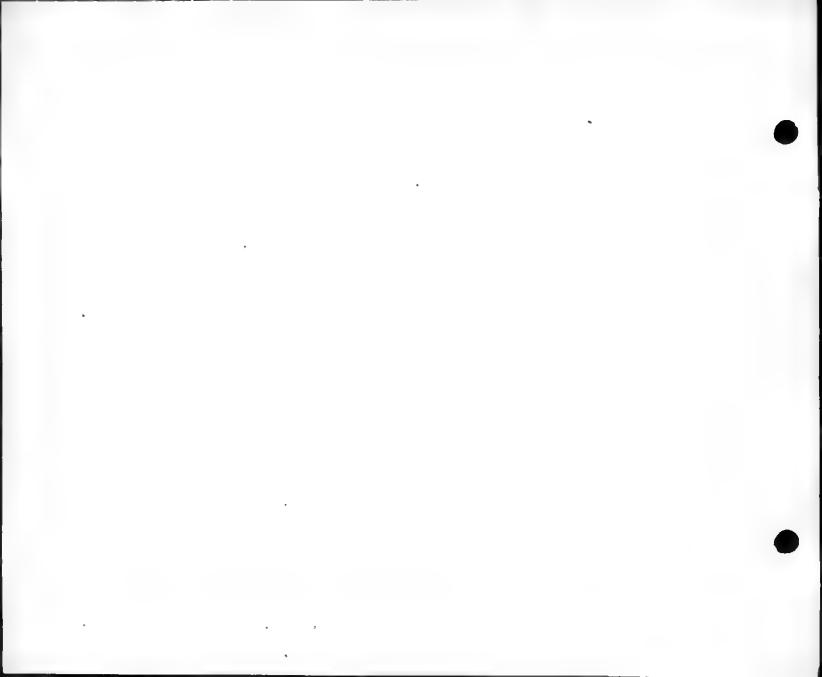
VR AI5 (4)

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
0	0788 CERTIFICATE OF DEATH	ウヴィ
1. PI	PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If institution pesson as STATE MARYLAND MARYLAND	oknce before admission)
to	o. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) While City of Town (if outside corporate limits, write RURAL and give nearest town) While City of Town (if outside corporate limits, write RURAL and STAY IN 2b) C. CITY OR TOWN (if outside corporate limits, write RURAL and STAY IN 2b) C. CITY OR TOWN (if outside corporate limits, write RURAL and STAY IN 2b) C. CITY OR TOWN (if outside corporate limits, write RURAL and STAY IN 2b)	* ,
Igi	RETORA MEMORIAL HOSPINAL BOTA HOTEL	e. IS RESIDENCE DN A FARM? YES NOTE
(T		Day Year 19 66
re	MULLE WIDOWED DIVORCED / 10/60 yrs.	lys Hours Min.
1Da. U during	USUAL OCCUPATION (Give kind of work done and more done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITI COUNTY	ZEN OF WHAT NTRY? • A•
13,	FATHER'S NAME Halsey Ira CECIL JUNE MOTHER'S MAIDEN NAME	5.
(Yes,	was deceased ever in u.s. armed fordes? 16. social security no. 13 informant address none none Racell Halsey Bolatiel	Bolcomide
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resperatory Australia	INTERVAL BETWEEN ONSET AND DEATH
C	Conditions, If any, which (b) Prema them by	13 hrs
C	gave rise to Immediate cause (a), stating the DUE TD underlying cause last.	
ICATION P	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
. 3	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	*
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bidg., etc.) p.m. 19 at work at work	y) (State)
	21. I certify that (I) (this hospital) attended the deceased from $1-t0-66$, 19 to $t-t0-66$, 19 saw the deceased alive on $1-t0-66$ 19 and that death occurred at $\frac{1}{2}$ M, from the causes and on the	., that (1) (we) last date stated above.
2	M.D. PHIS.	E SIGNED
1	PHYSICIAN'S NAME (Type) B. J. Plunkett, Jr. 22d. Aberdeen, Maryland	
23a.	BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify) Jan. 12, 1966 Cokesbury Memorial Abingdon Harfo	
24.	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	Howard K. McComas & Son Abingdon, Md. 2100 14 1956 Mingley S	udal.

6-154839



1		2.	Items 20a&20b Film G373 WARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
FOR ST	TATE		00789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00772
Poge is HEALTH	DERIT		1. PLACE OF DEATH O COUNTY Harford MARYLAND 2 USUAL RESIDENCE [Where deceased lived if institut an Residence b. COUNTY H. G.	before admiss an)
y delay and 3 PM3 Pag	partment of after death.		b C TY OR TOWN (If autside corporate limits, write RURAL and give names of the RURAL a	eartst tawn)
5 € E			d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address)— d STREET ADDRESS Have A Menurial Hughelal	B IS RESIDENCE ON A FARM? YES NO
r death II ive Pages g with far	4.		3 NAME OF DECEASED (Type or print) JUNA 350 WHAT I Lost OF DEATH JUNK DXY 2	Day Year
The supplier of the supplier o	with w th		S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years M. NDER LY)	EAR IF UNDER 24 HRS
4 hoos Item office	pages land2			EN OF WHAT
nn 24 col in ner's	pages 1	- I	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
within penal xamine	File prand in		Moses Hill Amanda Truax	
od v ≡ €			IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) ((If yes give war ar dates of service)	
executed anding" in Medical E	it permit. removal, i		No Russell Hill, New Freedom, Pa	a.
be Pefer	ansit ar re		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fractive for (a), (b), and (s))	INTERVAL BETWEEN ONSET AND DEATH
	tial-t		Conditions, ri any, which gave) (b)	
	0 2	V	rise to immediate cause (a), stating the underlying cause (c)	
s certificate e, writing th farwarded t	used as a burnat, c	100	PART II OTHER S CHIEFCANT COMPITIONS CONTR R TING TO DEATH BUT MOT BE ATED TO THE TERM NAI DISEASE CONDITION CIVEN IN PART ICA)	19. WAS AUTOPSY PERFORMED? YES NO
INER: This e certificate, shauld be fo	shauld be ont, priar to		200 EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH. Fell at home	
		2	20c TIME OF INJURY Manth, Day, Year 6 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm factory, street, office bidg., etc.) While at work at work 1 county of the bidg., etc.)	(Stote)
EX.	ited y			and in my opinior
exe	dined for y IRECTOR: Po designated		death resulted fram: Notural couses , Accident , Suicide , Harnicide , Undetermined manner	/
Mr. T. Please directo	L DIRE		ACTUAL Levaled & Calmer CHIEF MEDICAL EXAM NER BELLA VI	/ 22. DATE SIGNED
o DEPUTY MESTAL necessary, please ex the funeral director.	a Ka	2	EXAMINER'S GRY2101 Poin comp DEPUTY MEDICAL EXAMINER P 1-2 NAME (Type) GRY2101 Poin comp Address (Street, city, town, or county)	10-66
TO DI	70 Hea	7	- REMOVAL (Specify)	nunty) (State)
	A15ME (5) M 1/66		Buriar 1/23/66 Prospect Meth. Cem. New Park. York Co 24 FUNDARI DIRECTOR STORM STOR	



Post Refused

	-	_	-	•	_		
	MARYLAND	STATE DEP	ARTME	NT OF H	EALTH		
DIVISION OF STATISTICA	L RESEARCH AN	ND RECORDS,	, 301 W. PI	RESTON S	STREET, BA	LTIMORE 1	MARYLAND
00730	CEI	RTIFICATE	OF D	EATH			0.027

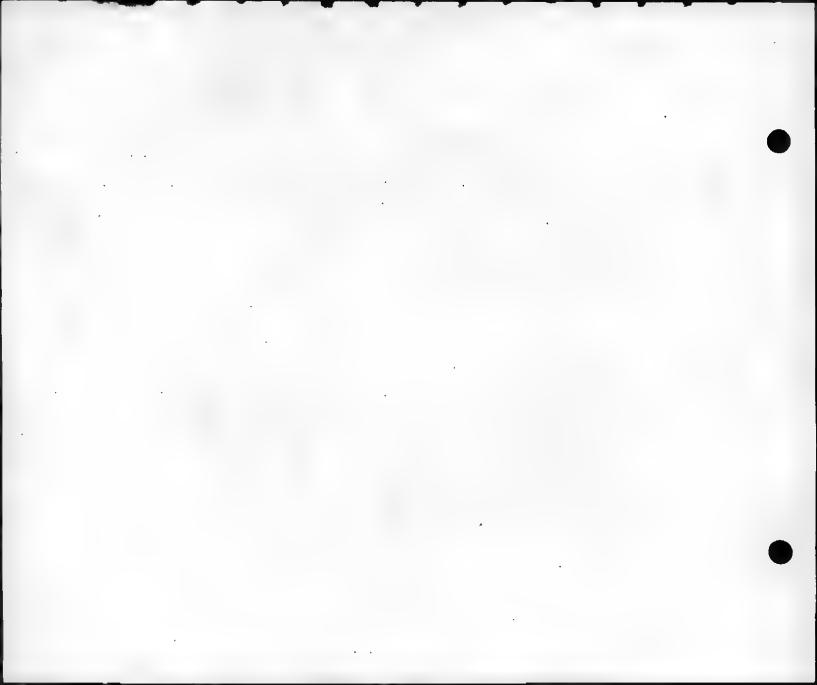
١		00730	CERTIFICATE OF DEATH	00773
١	1,	PLACE OF DEATH a. COUNTY . 1	2. USUAL RESIDENCE (Where deceased lived, Il institution: Res	idence before admission)
Į		HA	MARYLAND a. STATE O C D. COUNTY AY	back
		b. CITY OR TOWN ((if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
	H	lauce de	Grace 33 days Have de Grace.	
ı		d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospital, give street address) /d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	H	protord	illemorial Hospital Gravel Hill Kd Box 29.	YES NO X
	3.	NAME OF DECEASED	First Middle Last 4. DATE Month	Day Year
1		(Type or print)	MARIA HUDUSTUS HILL DEATH JANUARU	5 19 66
	5.	SEX 6.	COLOR OF RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 last birthday) Months D	YEAR IF UNDER 24 HRS.
	-	emalell	VEAYO WIDOWED DIVORCED TED. 2, 1893 /2 yrs. 11	3
ı			(life, even if retired) INDUSTRY	IZEN OF WHAT
1		Dome	ratic Honsework Havede Gracy Ind. U.	.SA.
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		Char	les Daylor, Dr. Sarah Brown	
1	15. (Ye	. WAS DECEASED EVE s, no. or unknwn) (If	ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address fyes give war or dates of service)	. 4 .
		no	215-32-4132 Mr. John Hell - Et 1 BN 297, Har	e de Bricy Mi
-			ATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSES AND DEATH
ı			H WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolia or Myorgachical in Larct	
1		4201	DUE TO ACCES TO 14	unbusur.
1		Cenditions, If any		
1		cause (a), stati		3 days
	Z	underlying cause 1	NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119, WAS AUTOPSY
	CERTIFICATION	PARTITIONER SIGN	MIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
	FIC	20a, ACCIDENT WA	AS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO
	ERT	OR CONTRIBUTING	TO CAUSE OF DEATH Y MEDICAL EXAMINER)	and I
			URY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	
	MEDICAL	Hour a.m.	While - Not While factory, street, office bidg., etc.)	(01410)
	ž.	p.m.	19 at work at work	
			that (I) (this hospital) attended the deceased from $UCC.13$, 1965, to $JAN.5$, 1966, ased alive on $JAN.5$, 1966, and that death occurred at SAM , from the causes and on the	
		saw the decea	22b. DA	E SIGNED
		(14)	Sugular AD M.D. ATTENDING MED. STAFF 1/5	5/66
		22c. PHYSICIAN'S	22d. ADDRESS	/
		NAME (Tepe)	Y A.W. GRIGOLEIT HAVRE DE GRACE	
	23a.	BURIAL CREMATI	ION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	
		REMOVAL (Specif	you 4, 1466 Bureley Centley Really Hay	Ind Co. Mid.
	24.	FUNERAL DIRECTO		SIGNATURE
	(Heles ()	Bullock Have de Geney Ind. DATEN 7 1966 Peliones.	11 7

VR A15 (4) 20M 1/65

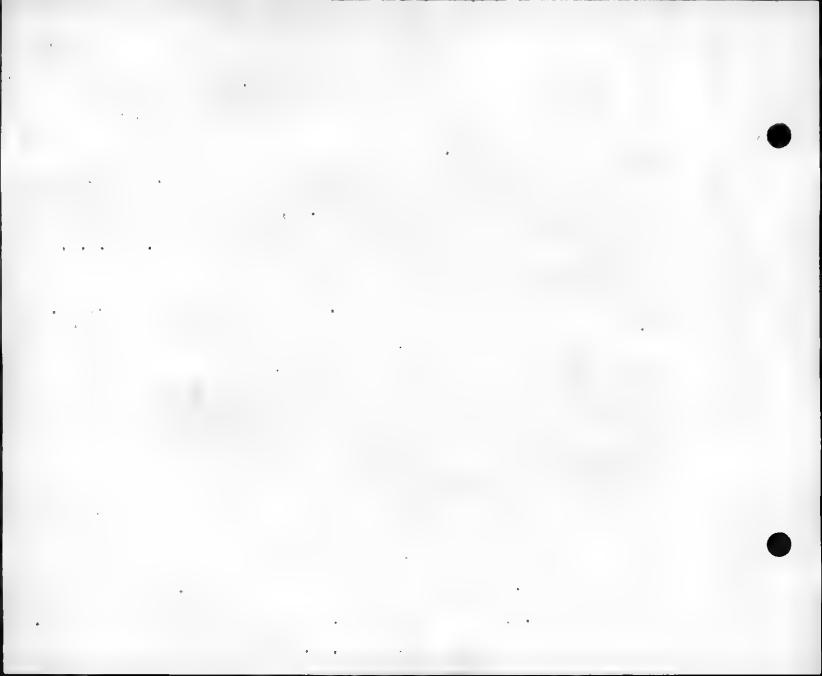
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial receipt of filled in by the funeral director, page 3 should be detailed for use as tile burial-transit permit. Then please notice carbon papers. Pages 1 and 2 should be filled with the State legit, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSHIYEL OR ITTERDING PRYSHIAN: The law requires that the Death Cartificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



1-	WARTLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
4 (70 204)	91 CERTIFICATE OF DEATH	00774
functal	F DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution by COUNTY	: Residence before admission)
	Harford MARYLAND Md. C	ecil
s af	OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUR RURAL and give nearest town)	AL and give nearest town)
hours d in by rs. Pa	de Grace 1 Week Rising Sun Rur	al C /-
6 filled aper n 72		e. IS RESIDENCE ON A FARM? YES NO.
hin hin	ord Memorial Gosp.	YES NO C
executed within 24 hours after any completely filled in by the remove carbon papers. Pages 1 franty event, within 72 hours after	print) Mabel . Cope Jackson DEATH Jan.	22 19 66
om eve		FR 1 YEAR IF UNDER 24 HRS.
execting and remit	e White WIDOWED DIVORCED Aug. 8.1889 76 yrs.	
	of working life, even if retired) INDUSTRY	COUNTRY?
ate hysin plea al, an	wife Own Home Maryland Cecil Co.	U.S.A.
requires that the death certificate be ding physician. been signed by the attending physicial the burial-transit permit. Then pleas or to burial, cremation, or removal, and	seph Norris Ellen Norris	
endi it. T	CEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Thown) (f yes give war or dates of service)	
leath a att cerm on, c	None Mrs. Lee Gilbert Rising St	
he d y the sit p mati	USE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DESCRIPTION
at the silan.	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Manod
ss th hysical signa rrial- rrial-	ons, If any, which) DUE TO	1
ng plante	(a), stating the DUE TO	
endiins be	Ing cause last. (c)	
The law requires that the death certificate be or attending physician, sate has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
그림 불교로 📝	CIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of Item	YES ND
PHYSICIAN: The law requir the hospital or attending profile this certificate has been detached for use as the been the Dept. of Health prior to be	CIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II or Part II of Item ITEM TO THE PART II OF ITEM INTERPRETATION OF INJURY OCCURRED.	,
Par His	ME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town)	County) (State)
OING PI ed by the After the double do	our e.m. While Not While at work factory, street, office bidg., etc.)	
TTENOIN etained TOR: At should ith the S	certify that (I) (this hospital) attended the deceased from 2// , 1902, to // 27 , 19	that (I) (we) last
sho sho	the deceased alive on 1/2 1951 and that death occurred at 1630M, from the causes and or	n the date stated above.
OR ATTENOING F t be retained by t OIRECTOR: After ge 3 should be ded with the State	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	124-166
SPITAL 4 may ERAL C Cor, pag 1 be fill	HYSICIAN'S AME (Type) 1 22d. ADDRESS	1/0
DSP1	Neti R. laytor Hising Sun, Md.	
TO HOSPITAL OR ATTENOI Page 4 may be retained TO FUNERAL OIRECTOR: A director, page 3 should should be filed with the	L, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or LAL (Specify) Jan. 25.66 Hopewell Cem. Port Deposit	
1		AR'S SIGNATURE
VR A15 (4)	con STITUTE Rising Sun, Nd. DATAN 28 1966 gellen	las Judge
15M 4-64	1000	1 1



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending onesical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UU136 G	ERTIFICATI	UF DEAT	н		111275
1.	PLACE OF DEATH / //			NCE (Where deceased live		sidence before admission)
	to a has	MARYLAND	a. STATE	NId	b. COUNTY	in Part
	b. CITY OR TOWN (if outside corporate limits, c. LEN	GTH-QF STAY IN 1b	c. CITY OR TOWN	If outside corporate lin	nits, write RURAL	and give nearest town)
Ι,	/ write RURAL and give nearest thum)	X da -	Kal	11.		- //
-/-	d., NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a	iva streat address)	d. STREET ADDRES	1700	$-\beta$	e. IS RESIDENCE
	4.1.1.	// //	215	M. 0	1+	ON A FARM?
-	Jarford / Jemoria	6 V 1	0/5	rues,	WC.	YES NO X
3.	NAME DF DECEASED / First	Middle	Last	4. DATE DF	Month	Day Year
_	(Type or priot) reace N	lelvin	Teen	DEATH		1966
5.	SEX 6. COLOR DR RACE 7. MARRIED NEV	PR HALLISTON	. DATE OF BIRTH	last his		YEAR IF UNDER 24 HRS.
	₩IDDWED	DIVORCED	DEP1.30, 18	16 69	уть.	70,3
10: du	a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF B ring most of working life, even if retired) NDUSTRY		11. BIRTHPLACE	County & State, or foreign	country) 12. CIT	TIZEN OF WHAT
		alture	Harland Co.	N/d.		43/4
13	B. FATHER'S NAME	1/	14. MOTHER'S MA	TOEN NAME		
	George lime the	Tena	\sim	loca NI	program	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIALS	ECURITY ND. 17.	INFORMAN (CASE)	838-12872	Address	12 - W
CII	es, no, or unkown) (If yes give war or dates of service) 215-32	1-6476 m	s. HAZEI H.	KEEN	BEIRITA	TIES ST
	18. CAUSE DF DEATH [Enter only one sause per line for (a	El .	3. 417 CEL 141	~ / /	ISE IT	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY	Dr. M.		2-01.1. Vr.	a llabo	ONSET AND DEATH
	IMMEDIATE CAUSE (1)	Moum	ence (12 Mar 204	S ROUC	3 days
	443	Jalla #	5 n d	Differ to	, 0	Ų
	Conditions, If any, which gave rise to immediate	oschrole	e and o	appendus	eve	
	cause (a), stating the DUE TO	dionas	Della-	Desegs	<u>e</u>	2-3 years
2	underlying cause last. (c)					
CERTIFICATION	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUTNOT RELAT	TED TO THE TERMINA	L DISEASE CONDITION G	VEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
100	Dealetes well	Mus				YES ND X
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBI DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCU	RRED, (Enter nature	of Injury In Part I or P	art II of Item 18.)	•
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	-				
CAL	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY Of		E OF INJURY (Home, y, street, office bldg.		own) (Coun	ty) (State)
MEDICAL		work	y, sileer dirice blug.	,610.)		0
NC.	21. I certify that (I) (this hospital) attended the		an Uth	1966 to 161.	12 19/0	that (I) (we) last
L	saw the deceased alive on Teles (1276)	9 66 and that	death occurred a	M, from the c		
L	22a. SIGNATURE	- Tolla tilat	404000000000000000000000000000000000000	(*		TE/SIGNED
	+ 000 (On)	10 / M.D.	ATTENDING PHYS.	MED. STAF		102166
=	22c. PHYSICIAN'S		22d. ADDRESS	0.		0
	NAME (Type) Eduardo	De, MD	1 Ct ct	ire cect	pace	, wice.
238	a. BURIAL CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	olty, town or cour	nty) (State)
-	Burial (Specify) Jan. 15, 1966 Em	ory MEHL CI	nurch Cem.	Street, H	Perford Co. 5	manland
	FUNERAL DIRECTOR	DDRESS	. 1 25a. R		5b. REGISTRAR'S	
4	Joseph William Fester Bel Air		LOIL DATE	1 1 4 1000	Whanta.	Queles
/I— _₹		111 Ideal Control X	TOTAL IDAME	T = 1200	7-10-9	0 7
	Joseph Erden Frate					



L	4.134		1	MARYLAND STATE DEI DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH	4 HADVIAND
and the	# 70 d				E OF DEATH	1, MARTEAND
X	funeral and 2 r death.	Sec. organization	1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institu	tion: Residence before admission)
	ter c			HARFORD MARYLAND	8. STATE MARYLAND b. COUNTY	HARFORD
	s aff			b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write i	
	In I s. P			HAVRE DE GRACE DDAYS I NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)	WHITEFORD	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician execompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tember carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	1	E	HEVINS AULSING Home	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ND
	executed within		3.	NAME DF First Middle	Last 4. DATE Month	Day Year
	ed w		5.	(Type or print) SEX 6. COLOR DR RACE 7 MARQUED NEVER MARQUED 1	MIGHT DEATH JAN	MINES I VEAR HE LINDER 24 MIS
•	ecut.			6. COLOR DR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		INDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
	8 2 3 5		102	USUAL DCCUPATION (Give kind of work done Ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN DF WHAT
	e be sicia leas and			XECUTIVE SECRETARY	WASH, ID.E.	COUNTRY?
	ficat phy en p		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	certi nding Th		15	LOUIS E. KAISER . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physicial detached for use as the burial-transit permit. Then please the Dept. of Health prior to burial, cremation, or removal, and it		(Ye	S. No. W UNKnwn) ((If yes give war or dates of service))		M
	the trees		-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	UNICE K. SILVER, WHIT	EFORD, YD.
	t the an. by ansi			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
	tha rsicia gned gned al-tr ial, o			332 Y DUE TO /	_L · Censon	6 7 1
	s physical signatures of the signature o			conditions, if any, which gave rise to immediate (b) July View Q	remordensis, Tumber	is walkers
	required bee			cause (a), stating the DUE TO		
	law atter has e as h pri		NO.	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY PERFORMED?
	The or cate	Δ	CERTIFICATION	LLL entrementes, 21436	houses treuled legs + Torum	YES NO MED?
	Pital pital of fo	′ ′	RTIF	20a. ACCIDENT WAS UNDERWING DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of ite	em 18.)
	rstc hos is ce ache ache ept.					
	OR ATTENDING PHYSICIAN: The law requires that it be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, cre-		MEDICAL	Hour a.m. While - Not While - factor	CE DF INJURY (Home, farm, 20f. (City or town) ry, street, office bldg., etc.)	(County) (State)
	Afte d be Sta		M	p.m. 19 at work at work	2 an 11 1966 to 2 an 19	19 (A., that (I) (see) last
	TEN taine 10R: houf			21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 13 1926, and that		19 6, that (I) (we) last on the date stated above.
	R AT e re REC 3 s			22a. SIGNATURE	1 22	DATE SIGNED
	AL O ay b page filed	1		22c. PHYSICIAN M.D.		115-66
	D HOSPITAL Page 4 may FUNERAL C director, pag			NAME (Type) B. J. PLUNKETT J. M.	ABERDEEN, MD.	
	O HO Page O FU		23a	BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county) (State)
	E - 6		1	DURIAL JAN. 17, 1966 SLATE	VILLE DELTA	Pa.
	1/D A15 (4)		24	· A - 11 11 11 11 - 7	1431 0 1 4000 001	TRAR'S SIGNATURE
	VR A15 (4) 20M 1/65		_	Jon & Robbine, DELTA, TA.	- I DAJAN 2 I 1938 //	mes Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

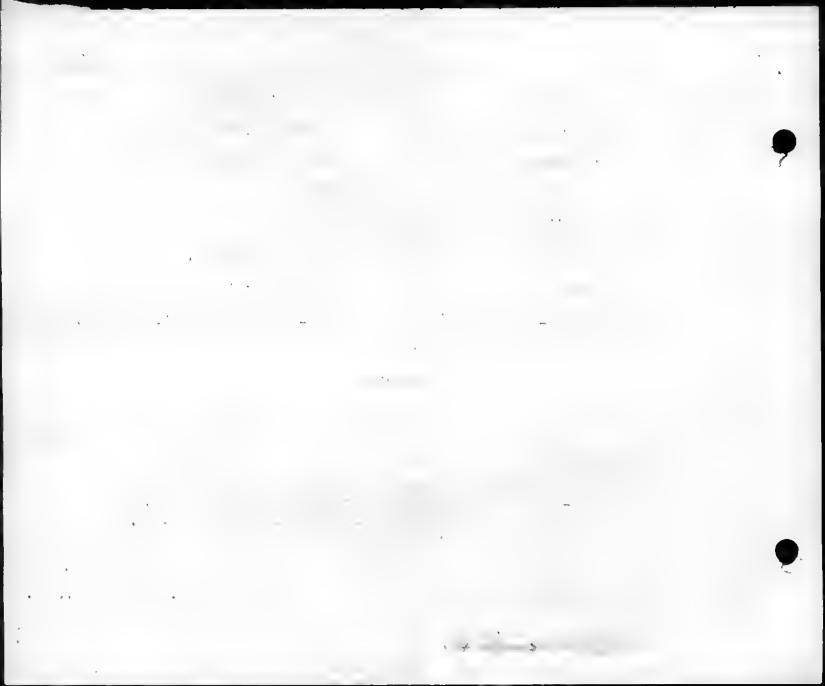
by the funeral lages 1 and 2

IN HESPITAL OR ATTENDING PHYSICIMS: The lam requires that the deoth certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon page should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within (7)

VR A15 (4) 20 M 1/66

"		00794				CERTIF	ICATE	OF DEATH			()	07	77	
		PLACE OF DEATH						2. USUAL RESIDENCE (Where deceo			nce befor	e odmissi	on)
	'	D. COUNTY	arford			MARY	LAND	o. STATE Mary	land	p cor	Hi	arfo	rd	
		b. CITY OR TOWN (I	f outside corporate limit give nearest town)	5,	c I	ENGTH OF STAY I	N 15	c CITY OR TOWN (If or	utside corpor	ote limits, write RI	JRAL and giv	e neores	t town)	
		Aberdeen	Proving G	round	s	1 Day		Aberdeen H	rovin	g Ground	s		1	, h
		d, NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospito	l, give st	reet oddress)		d. STREET ADDRESS					e. IS RESIL	
-		Kirk Arm	v Hospital					222 Parke	Stree	t				NO X
43		NAME OF		rst		Middle		Lost	4 DATE	Mor	1th	Doy	Ye	or
		DECEASED (Type or print)	SHAWN	CHRIS	TOPH	ER	KREU	TZER	OF DEATH	Janu	ary	11	19	66
	5	SEX	6. COLOR OR RACE	7. MARRIE	D 🗍	NEVER MARRIED	TX 8	DATE OF BIRTH		9 AGE (In years	IF UNDER		IF UNDER	
	1	Male	White	WIDOW	0 🗍	DIVORCED		10 Jan 66		lost birthdoy) yrs.	Months	Days	Hours	Min.
	10c	LSUAL OCCUPATION	Give kind of work done	10b.	KIND OF	BUSINESS OR		11 BIRTHPLACE (County	& Stote, or fo	oreign country)		TIZEN OF		
	quri	ing most of working I	lite, even it retired) L		IMDAZIK	n/a		Harford	i Coun	ty, Md.	- ((OUNTRY?	USA	
	13.	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME					
	,	Phillip R	reutzer					Linda Cath	nerine	Derheim	1			
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of consists 1	6. SOCIAI	SECURITY NO.	17. 1	NFORMANT		Add				
	(i.e	No.	(II Acz diac Api pi golez i	n zeraice)	n/a		Fat	her - 222 H	arke	Street.	Aberd	een.	Mar	yland
		18. CAUSE OF DE	ATH (Enter only one co	use per line	for (o), (b), ond (c).)						INTERVAL BETWEEN		
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Anoxia									ONSET AND DEATH					
		1625	DUE	TO									,	-
	Conditions, if ony, which gove (b) Prematurity													
		stoting the under		TO										
	1	lost)	(c)										
	=	PART II OTHER SIG	SNIFICANT CONDITIONS (ONTRIBUTIN	G TO DEA	NTH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	ndition giv	EN IN PART 1(o)		19	WAS ALTO PERFORM	DPSY ED?
1	MEDICAL CERTIFICATION					N/A						YE		NO 🔲
	STIE!	20o. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING THE	205.	DESCRIBE	HOW INJURY OF	CCURRED	Enter noture of injury in	Port I or Po	rt II of item 18.)				
			MEDICAL EXAMINER)			N/A								
	SIG	20c. TIME OF INJU	RY Month, Doy, Year	20d Wi		OCCURRED Not While	20e. PLAC	E OF INJURY (Home, farm	n, 20f.	(City or town)	((0	unty)	(Stote)
	¥	р. гг	1. 19	atv	rork 🗀	of work		ory, street, office bldg., etc.]		N/	'A	11		
				pital) atta	ended 1	he deceased	fram	10 Jan.	19 00					
			ceased alive an_	777 9	an.	19 00, 0	and that	death accurred at		M, fram causes				abave.
		220. SIGNATURE	00.0	1 -		(70	Se n	ATTENDING	MED.	STAFF C		ATE SIGN	,	4
1		2	red ly	san	ne	appl	MC M.C	PHYS. 22d ADDRESS	DIRECTOR	LI PHYS. L	71 47	Jar	ı. 6	O
1		22c. PHYSICIAN'S NAME (Type)	BDADT V T	שוומ אם	9 0	ייססד אי	C	Kirk Army	v Host	nital. Al	aahraa	n PG	M	id.
	22	Bilbial Cocasa	BRADLEY T											
	230	BURIAL, CREMATIO REMOVAL (Specify)			1	NAME OF CEME			236 lt	ocation (City of To rdeen F	own)	(County)		rate)
75	24	Burlat	TTD OF	1.066		ADDRESS	CITTO (D BY REGIST		EGISTRAR'S	_		Md
1	Z4.	20200	Moon	every?	411	(II)		CONTINUE		1 13/2	Charle	Jan Ore	del	
1.	. ∠4.	COLOR	moore	nere!	Long	- Alle	don	ME DIAN		966	Count 2	Jue Jue		



h.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleated remove carbon papers. Pages 1 are 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a yevent, within 72 hours after death. TO MOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be exemited within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() (278)

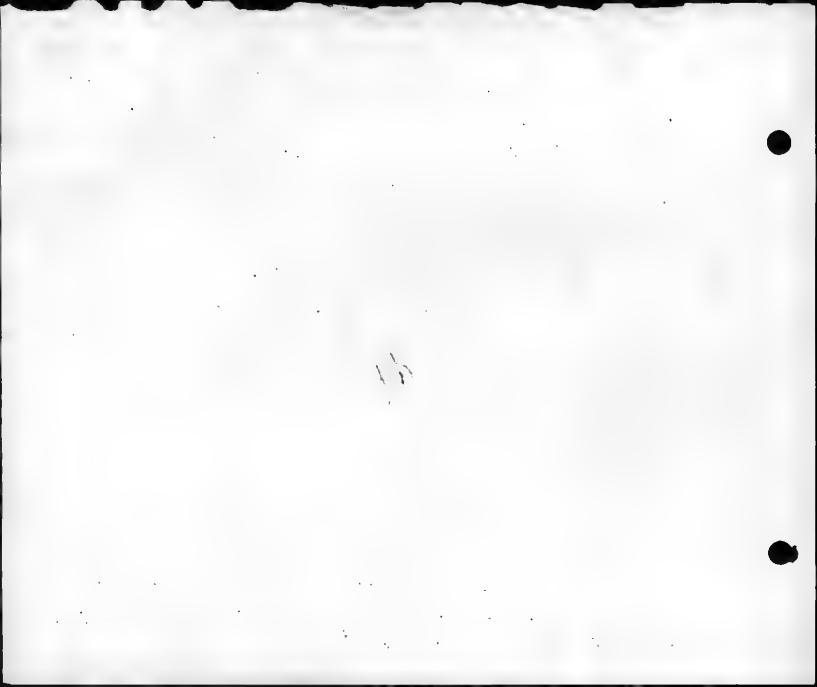
-1		1/7,610
	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY
	/	CITY OR TOWN (if putside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)
	4	avrede Frank Holder Foll (serosur 1.
		d. NAME OF HOSPITAL OPINSTITUTION (if not in hospital, give strept address) d. STREET ADDRESS ON A FARM? YES NO []
1	3.	NAME OF First Middle Last 4. OATE Month Day Year DECEASED
ı	-	Type or print) JAMES BARRULL LAMD! M DEATH / 22- 1956
	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 18. DATE OF BIRTH 19. AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. 13st Dirthday) Months Days Hours Min.
	dari	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPEACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPEACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME 14. MOTHER'S MAINEN NAME
1	4	Edward D. Lamden Henrietta (1) Lamden
		WAS DECEASED EVER IN U. S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Of Service) unknown) (If yes give war or dates of service) unknown Mrs. Unginial camdin, Fort Neposit M.
1		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OBEATH
	1	PART I. DEATH WAS CAUSED BY DIENE & Synkmic llimonk 323
		conditions, if any, which by nutra taxon of Ca of rung out water
ı		gave rise to immediate cause (a), stating the DUE TO
1	_	underlying cause last. (c) CELL Type
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	IFIC	YES NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.)
ı		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While
1	M.	p.m. 19 at work at work
		21. I certify that (I) (this hospital) attended the deceased from 19, to 1, 19, that (I) (we) last saw the deceased alive on 19, and that death occurred at 3, M, from the causes and on the date stated above.
١		saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated above.
		M.D. ATTENDING MEO. STAFF U1/24/66
	-	PHYSICIAN'S AWERIGOLEIT 122d. ADDRESS Grece - Hupsel to
	23a.	BURIAL, CREMATION, 23b. OATE THEREOF 23cy NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (State)
	20	ENERAL DIRECTOR JACKET ADDRESS
	-	Co (Tallerson the Deunvelle MESB 3 1986 Julies July
	_	of City of the Control of the City of the

VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00796 CERTIFICATE OF DEATH and 2 and 2 death after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY by the furnishments of the furnishment of the furni MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SJIDO bon papers. Pag within 72 hours write RURAL and give nearest town) d. NAME OF HOSPITAL OR, INSTITUTION (if not in hospital, give street address) .≘ filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NOX witilin npletely carbon p NAME OF First Middle Month Day Year Last DATE DECEASED OF DEATH event, (Type or print) 19 Executed SEX 6. COLOR DATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS гелоуе NEVER MARRIED jast birthday) Months Days and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir þe death certificate ם FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address INFORMANI (Yes, and of unknown) | (If yes give war or dates of service) the burial-transit permit or to burial, cremation, or CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN The law requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY for use Health p PERFORMED certificate YES [NO the hospital **MYSICIAN**: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) hed for detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State 1 factory, street, office bldg., etc.) Hour a.m. Should be d Not While at work ATTENDING at work L p.m. 19 retained the , 19 مرين (l) (we) last 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the 19_66, and that death occurred at 63 saw the deceased alive on A.M. from the causes and on the date stated above. 22a. SIGNATURE þ ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. тау 2 HOSPITAL THYSICIAN'S FUNERAL 22c. 22d. director, p should be i NAME (Type) Page 4 BURIAL, CREMATION, 23b, REMOVAL (Specify) DATE THEREOF town or county 7 2 SUNERAL DIRECTOR REGISTRAR'S SIGNATURE REGISTRA 25b. VR A15 (4) 20M 1/65

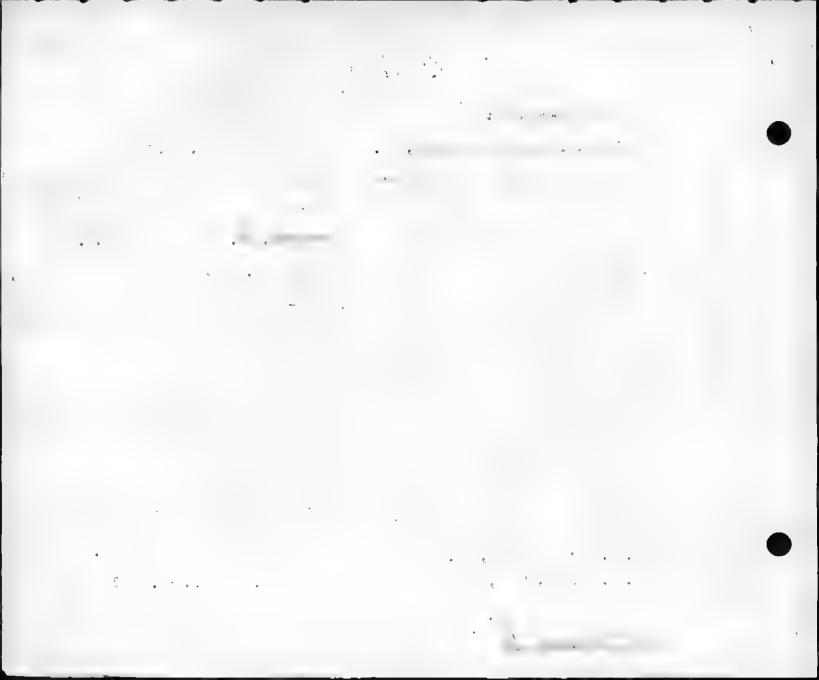
MARYLAND STATE DEPARTMENT OF HEALTH



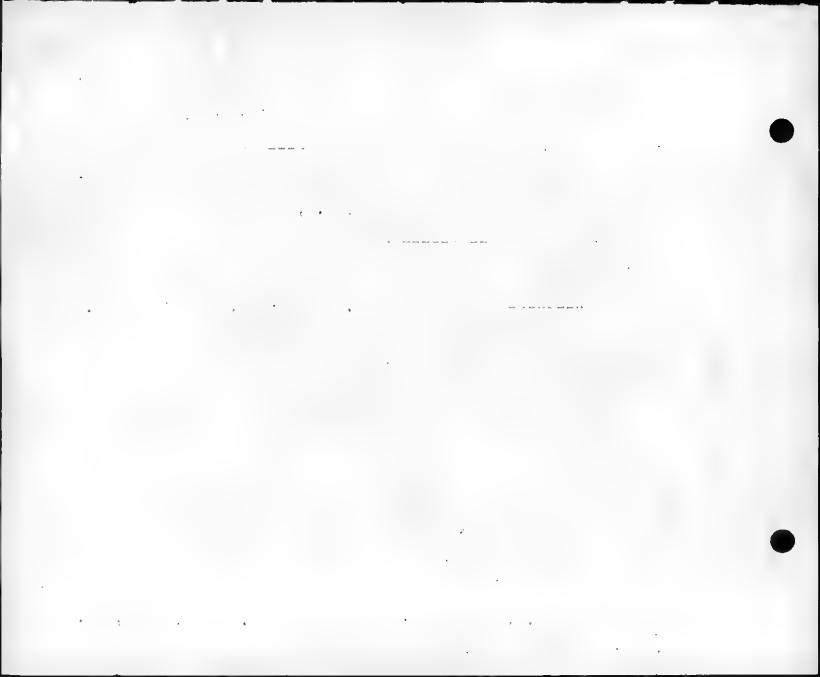
VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH					
D	VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI	AND			
	ALDERICA AD ALAEM				

Y		2079				CER	RTIFIC	ATE	OF DE	ATH				0028	0
	1,	PLACE OF DEAT	H					. 1	2. USUAL RES	IDENCE (Where decea	sed lived, If	Institution: Re	sidence before	admission)
U. 25.50		a. COUNTY		rford			1 5]]	e. STATE	Mary	l and	b. C(YTAUC	har a Para	-
-	_	b. CITY OR TOW			te limits.	1 c. LENGTH	OF STAY IN		c. CITY OR TO			rate limits		arford	est town)
- 1		b. CITY OR TOW Write RURAL					01 01111 151		01 011 011 101	•		,	, 1	1	,
_		Edgewood d. NAME OF HO				to an Made and the	-44-4-4-4			Box	SOT		16.	t a lent	PIDENOE
М		G. HAME OF HU	SPITAL ON I	Mailluite	ו הו זטח דון ואנ	iospitai, give	street eaar	ess)	d. STREET ADD	KE\$\$				ON A	SIDENCE FARM?
	US	A Dispe	nsary	Edger	wood AI	rsenal,	Md.	- 11	Edgewoo	od Ar	senal.	Md.	21010	YES	NO Sc
	3.	NAME OF DECEASED		Fi	rst	MI	ddle		Last		DATE		onth	Day Y	еаг
-		(Type or print)		Bri	ian	Edw	ard		Marabe	l]a		-Tan		25 19	66
-	5.	SEX	6. COLOR		7. MARRIEI		MARRIED P	8.	DATE OF BIRT	Н	9. /	AGE (in yea	rs IF UNDER 1		
		M	W		WIDOWED		DIVORGED [51	21 Oct 6	55		Vrs	1 '2 1	Days Hours	s Min.
1	10a	USUAL OCCUPAT	JON (Give ki	nd of work	done 10b.	KIND OF BUSI	fine.		11. BIRTHPLA		y & State, o	,,	ntry) 12, CI	TIZEN OF WHA	NT .
-	dur	ing most of work	Ing life, eve	n If retire	d)]	NDUSTRY A			Abordés	22	ragg,	n wi	g GO	UNTRY?	
		FATHER'S NAM				1/21			14. MOTHER'S			Corthel	enc o	,0,	
		Ralph M		110					Maria						
J	16	. WAS DECEASED	-		peres lac	. SOCIAL SECL	IDITY NO. I	17	NFORMANT	A.,	Kent	A et e	iress		
	(Ye	s, no, or unkown)	(Ef yes give w	ar or dates o	f service)	. SUCTAL SECT	KIITNU.					_			
		No-				N/A	1	Fa	ther-	Sam	e as	2 c	& a		
		18. CAUSE OF												ONSET AND	DEATH
		PART I. DE	EATH WAS C	AUSED BY TE CAUSE	(a) A	sphyx i a	Ł								
		1017	1	DUE	TO										
1	-1	Cenditions, If	any, which		no Te	rminal	Aspira	ati	on of Ga	stric	Cont	ents			
		gave rise to			,										
		cause (a), si underlying caus		1	(c)										
	8	PART II. OTHER		CONDITI	ONSCONTRIB	UTING TO DEA	TH BUT NOT	RELAT	ED TO THE TERM	INAL DISE	ASECONDI	TIONGIVEN	IN PART 1(a)	19. WAS A	UTOPSY
,	CERTIFICATION													YES X	RMED?
4	Ĕ	20a. ACCIDENT	WAS LINDER	RLYING IT	1 20b.	DESCRIBE HO	OW INDIES	OCCUE	RED. (Enter nat	ura of Inl	ury in Part	Lor Part	l of Item 18.)	7	110
	8	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	NG CAUS	E OF DEA	TH NED			00001	HED! (MILE) HOL		,				
		20c. TIME OF				IN HITTON COOK	DOCD LOCA	DI 10	F OF INDIOVAL		1 006 (0)	Ity or town	Cour	Fiel	(State)
	MEDICAL	Hour a.i		nin, bay,	White			factor	E OF INJURY (Ho y, street, office b	ldg., etc.)	201. (6	ity of town,	(Goul	11.37	(Julius)
V	ME	p.1		19	at wo	k at wor	k 🔲								
		21 certif	y that,(I)	this hosp	<u>pital</u>) attend	led the dece		-					1966		
		saw the de		re on_	O Jan	19_	<u>66</u> , and	that	death occurre	d at	M, fron	the caus			d above.
		22a / SIGNATU	REHI ,	1	50 M	11			ATTENDING	MEC		PTAFF		TE SIGNED	//
			RYTUBE	/U(s)	6t/ MC	VIC-		M.D.			ECTOR -	STAFF PHYS.	Jan.	. 26,	1966
	4	22c. PHYSICIA	M'S		IV				22d. ADDRI	SS					
	_	J."H.	WE ITER	, Car	ot, MC				Edgewo	od A	rsenel	Md.	21030	mė -	
	23a		ATION, 23	DATE	THEREOF	23c. NAN	AE OF CEME	TERY	OR CREMATORY	1			, town or cou	nty) (3	State)
		Removal (Spe		7 Ja	n. 66						Pens	acola	, Flo	orida	
	24		CTOR	1	marrai	no TAPPI	#Sral	Н	ome 25a	. REC'D	BY REGIST	RAR 25b.	REGISTRAR'S	SIGNATURE	
	/	Hololy la	1 Court	ha do	Aber	deen,	Mary	lar	nd DAT	LAN 2	8 19	66	Menzela	o Preda	د
	-4	(-	7					i DA		10	4		0	



VR ALSME (5) 1/65

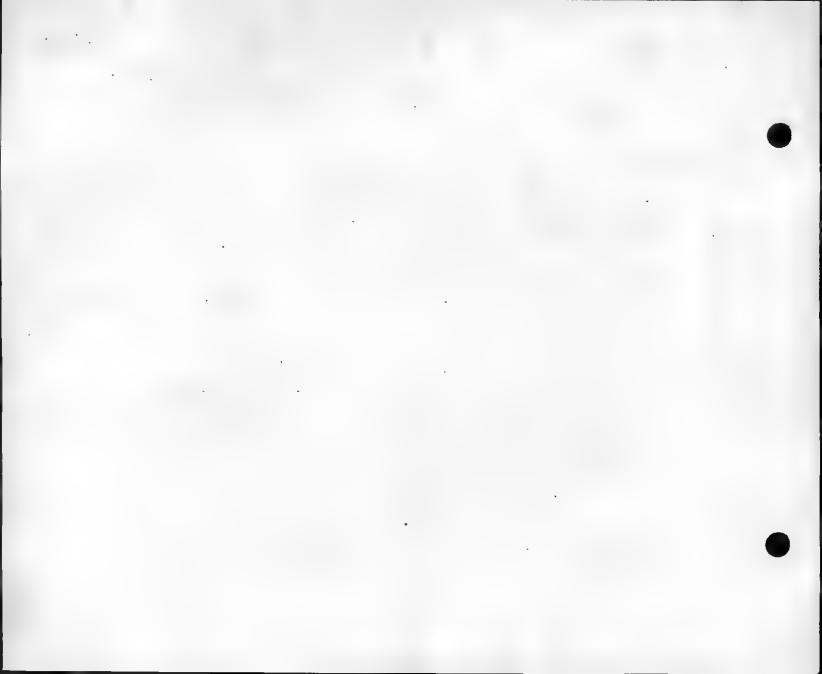


MARYLAND STATE DEPARTMENT OF HEALTH

55 to e e é

MARYLAND STATE DEPARTMENT OF HEALTH

15M 4-64



FOR STATEM HEALTH DEPT

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated allest, prior to burial, cremation, or TO DEPUTY MEDICA

> VR AI5ME (5) 5M 1/65

Joseph William Foster

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00801 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH 000000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Harford MARYLANI	a. STATE Maryland b. COUNTY Harford
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Havre de Grace D.O.A.	Rural - Bel Air
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	DN & FARM?
Harford Memorial Hospital	Schuck's Road
1,1,1	Grady 4. DATE Month Day Year DF DEATH January 4, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED OFFORCED	Flay 20, 1911 54 yrs.
10a. USUAL OCCUPATION (Give kind of work done 1 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Plater Electronics	Grayson Co., Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Winton McGrady	Ellie Duncan
	7. INFORMANT (W1fe)838-6580 RdF:D.#2, Bext 303
No 229-14-5666 M	rs. Mildred H. McGrady Bel Air, Md. 21014
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronary occlu	asion
+ 201 ONE TO	
Conditions, if any, which) (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TO NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. Hour a.m. While at work at work at work	actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry X, and in my opinion
death resulted from: Natural causes X. Accident	Suicide . Homicide . Undetermined manner
92 11000	CHIEF MEDICAL EXAMINER ROLL
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
EXAMINER'S NAME (Type) S. Main St., Bel Air, Md. 210	
23a. BURIAL, CREMATION, 23b. DATE THÉREOF 23c. NAME OF CEMET	
Burial Jan. 6, 1966 Mt. Zion Het	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
W. Broadway & Willi	AMS Ste IAN C 10CC Pelicules ludge

4 95 7 1 min to me to the grand I a since of to the transfer of the transfe 20 al' MI in a contract of the contract · · · ·

F * * * *

y went with y nent

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after deather.

death.

after

24 hours

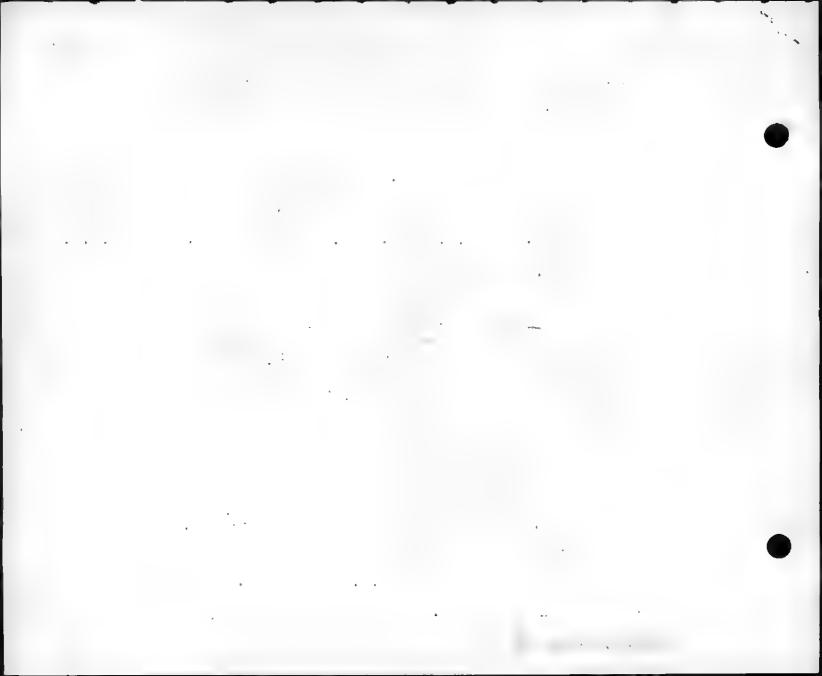
executed within

TO HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE DF DEATH B. COUNTY			2. USUAL RESIDE	NCE (Where deceased I		esidence before admission)
ı	Hari	'ord		a. STATE	aryland	b. COUNTY	arford
		outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 1b				end give nearest town)
1	write RURAL and	give nearest town) erdeen	C. CENGIN OF SIAT IN 18] . `		•	Olid Rito lical car form,
- 1						berdeen	1 1
		AL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?
2	Route #1			Ro	oute #1,	Box 93	YES NO
	3. NAME DF DECEASED	First	Middle	Last	4. DATE DF	Month	Day Year
1	(Type or print)	GLEN	T.	MOFFIT	DEATH J	anuary	24 1966
1	5. SEX 6.	COLOR OR RACE 7. MARRIED	XX NEVER MARRIED	B. DATE OF BIRTH	9. AGE	in years IFUNOER	1 YEAR FUNOER 24 HRS.
	Male V	hite WIDOWED	DIVORCED	May 12, 1	1901 64	oirthday) Months	Days Hours Min.
	10a. USUAL OCCUPATION during most of working i	(Give kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fore	lan country) 12. C	ITIZEN OF WHAT
1	Carpenter	(Ret.) U.	NDUSTRY S. Govt. APG	West V	/irginia	II	S.A.
	13, FATHER'S NAME	(21000)		14. MOTHER'S MA			
	Tol	n J. Moffit					
1			SOCIAL SECURITY NO. 1 17.	Mary	Weese	Address	
	(Yes, no, or unkown) (if)	res give war or dates of service)	4	INFURMANI		Address	
ł	No	23	2-22-2655	Wife	same as	2 c &d	
	18. CAUSE OF DEAT	IH (Enter only one cause per l	ine (or (a), (b), and (c).]	9-1			INTERVAL BETWEEN
	PART 1, DEATH	WAS CAUSED BY:	Isolaysa	INY	numasis		ONSET AND DEATH
	2.2.1 X	MEDIATE CAUSE (a)	100		A-1100 a 12		- A TATE THE T
	Cenditions, if any,	DUE TO	Margar	Arden	MALC DAGE	50	Tur
	gave rise to imm	nediate (OFTWO	140101	109010107	47	7
	cause (a), statin						
	underlying cause la						Total Mile All Foreign
	PART II. OTHER SIGN	IFICANT CONDITIONS CONTRIBU	IT ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	. DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
,	1CA						YES NO X
	PART II. OTHER SIGN 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING 20b. I CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Injury in Part I or	Part II of Item 18.	.)
		MEDICAL EXAMINER)					
		RY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	farm, 20f. (City or	r town) (Cou	inty) (State)
	Hour a.m.	While at work	NOT WILLS I	ry, street, office bldg.,	etc.)		
				-38-	1	- 847 6	
		at (t) (this hospital) artend	ed the deceased from	00-	1957 to	7, 19.0	D_, that (I) (we) last
	saw the deceas		19 00, and that	death occurred at	4. 14. BH, full the		he date stated above.
,	22a. SIGNATURE	MU IN INT	1 10.11	ATTENDING PHYS.	MED ST/	22b. D:	ATE SIGNED
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11/4 - VV 1	M.D. M.D	. PHYS.	DIRECTOR PH	ŸS.	
	22c. PHYSICIAN'S NAME (Type)	1	VVIII	22d. ADDRESS			
			ODMAN, M.D.	8 Law S	St. Aberd	<u>een, Mar</u>	yland
	23a. BURIAL, CREMATIC REMOVAL (Specify BUT 1 a L	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	N (City, town or cou	inty) (State)
	Burial	1-27-66	Harford Mem	orial Gar	dens. A	berdeen.	Maryland
4	24. FUNERAL DIRECTO		ing ADDRESSeral	Home 25a R	EC'D BY REGISTRAR	25b, REGISTRAR	SIGNATURE
3	Aldou HIVES	/ /	rdeen. Maryl	1 1 0 6 1	2 6 1966	Jelianes	Judge.
1	10700-1 100-1 -0	7	, J -	1 6/4 (0)	14	4	

VR A15 (4) 20M 1/65



ADDRES:

D HOSPITAL director, p 01 VR AI5 (4) 20M 1/65

unial

FUNERAL DIRECTOR

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(City, town or county)

b. COUNTY

Month

Address

e. IS RESIDENCE

Year

196

INTERVAL BETWEEN

ONSET AND-OEATH

WAS AUTOPSY

NO

(State)

(State)

PERFORMEO?

2

YES 121

19.

DATE SIGNED

(County)

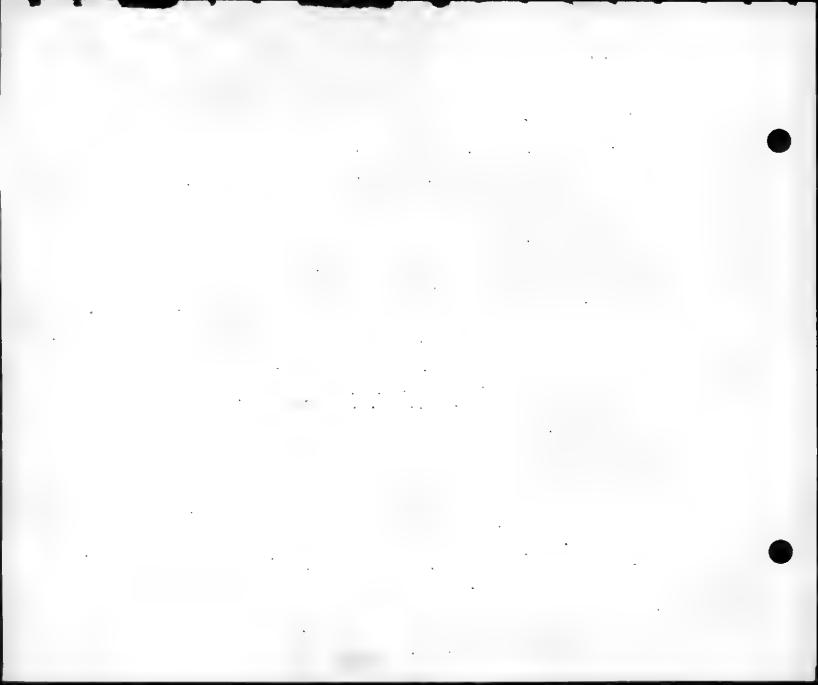
Oavs

12. CITIZEN OF WHAT

ON A FARM? YES

0

25a.

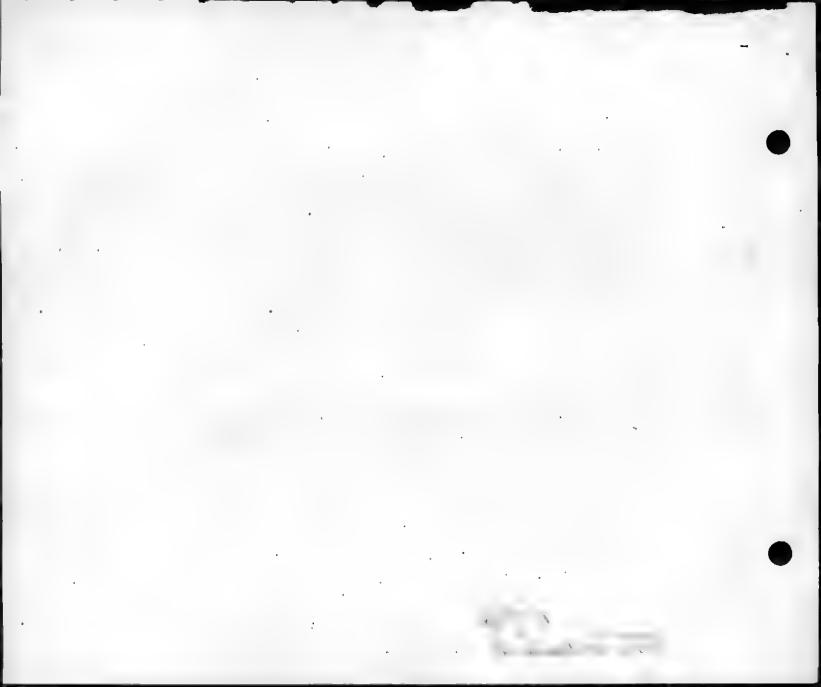


funeral and 2 death. death. filled in by the fu papers. Pages 1 and 72 hours after of completely filled in the carbon papers, event, within 72 h within and con any and in Sician ease ᆷ phy removal. attending pharmit. Then ed by the attend transit permit. cremation, or re death law requires that the been signed by t the burial-transit or to burial, crema by the hospital or attending physician. prior has for use Health certificate After this certury PHYSICIAN: DIRECTOR: Af age 3 should | lied with the S retained þe page Раде 4 тау O HOSPITAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 05 DOCT ND 0 3. NAME OF Day Year Middle DATE Month Last DECEASED OF NUAR DEATH 19 RISON 66 (Type or print) homAs AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR DATE OF BIRTH 9. 7. MARRIED V **NEVER MARRIED** last birthday) Months Days Hours Dec. 1007 WIDDWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done i 12. CITIZEN DF WHAT 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S. Carolina Farmer Farm North 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Wesley Morrison Tobitha Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Robert Morrison Bel Air. Md. INTERVAL BETWEEN ONSET AND DEATH, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART 1 HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO X 208. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury / Part I or Part II of Item 18.) 20b. MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm.) (County) (State) 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that (!) (this hospital) attended the deceased from that (I) (we) last 6 M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at/2 22b. DATE SIGNED 22a. SICNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS FUNERAL ADDRESS PHYSICIAN'S 22c 22d4 director, p NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY DR CREMATORY 23d. _ REMDVAL (Specify) Burial REC'D BY REGISTRAR Grove Cemetery al Homes Md L'Arr laddress uneral FUNERAL DIRECTOR Aberdeen. Marvland

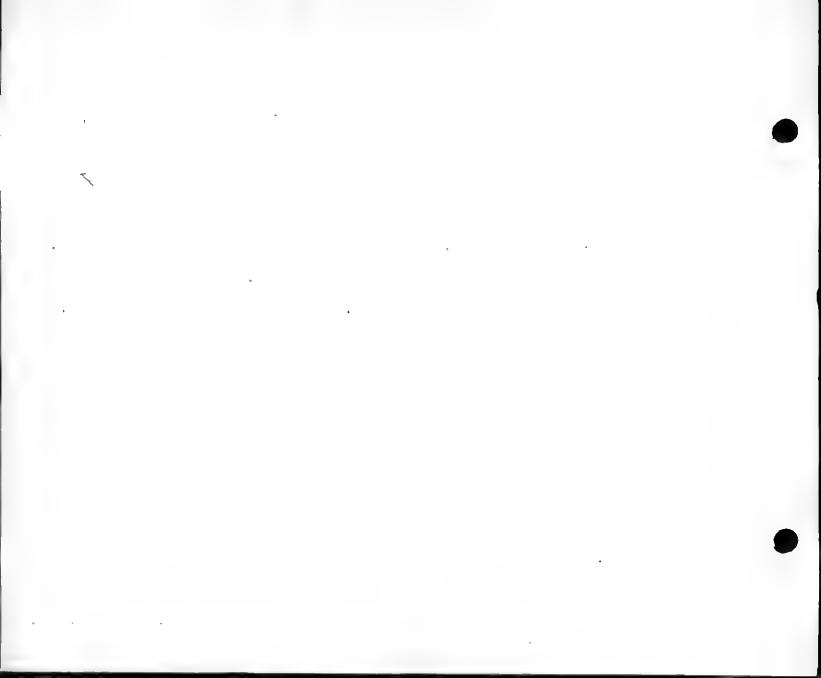
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 2DM



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a COUNTY **b.** COUNTY Poge 2 MARYLAND deloy b CITY OR TOWN (If outs de corporate c LENGTH OF STAY IN 16 write_RURAL and give nearest town) Departm Life Rural Rurall d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE form haurs ON A FARM? Morse Stote YES NO IX Give Pages 3 NAME OF Middle Lost DATE DECEASED the (Type or print) along With S SEX IF UNDER I YEAR AGE 7 MARR FD NEVER MARRIED last birthday) Months WIDOWED DIVORCED 24 hours tem 1 10b KIND OF BUS NESS OR 10g USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working te, even if retired) **NDUSTRY** U.S.A. Farmer Gen. farming Cooptown, Maryland **Iretired** 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within pencil Ξ Exam Laura J. Greene File and George Washington Morse 15 WAS DECEASED EVER IN U.S. ARMED FORCES? AddressMorse Road 17 INFORMANT 16 SOC AL SECURITY NO (Yes, no, or unknown) (If yes give war or dates at service remova J. Morse Amos Forest Hill. No IB CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH 5 IMMEDIATE CAUSE (o) cremation, DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), forwarded ta DUE TO stating the underlying couse 0 OS buriol, fast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? NO be 0 4 should be 20g EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Port or Part II of item 1B.) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH ogent, 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20s PLACE OF INJURY (Home, form, (City or town) (County) (State) Poge 4 s for your Haur c.m. factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Page of work at work its designated Inspection 7 Inquiry [27], and in my apinian the funeral director. Naturol causes X. Accident ... death resulted fram: Suicide . Homicide Undetermined manner ACTUAL SIGNATURE S Heolth or i DEPUTY MEDICAL EXAMINER W **EXAMINER'S** NAME (Type) G. C.Y Address (Street city, town, or county) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (County) 0 REMOVAL (Specify) 966 Buria. William Watters Cooptown, Harford 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 36625 REGISTRAR'S SIGNATUR

VR A15ME [5] 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESE MEDICAL EXAMINER'S and 3 to the funeral director, Page and 3 to the funeral director, Page on may be retained for your files. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission) e. COUNTY e. STATE b. COUNTY MARYLAND Maryland Ba'l'timore b CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Unknown Edgewood Edgewood Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS 10 Kennard Ave 10 Kennard Ave NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH LE NDALL NNER 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR may may 7. MARRIED NEVER MARRIED last birthdey) ould be executed within 24 hours after de 'in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 w moval, and in any event within 72 hqui DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laboratory Tech. Chemical Tenn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ocie Nunnery Allie (Unknown) This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) Wife Kennard Ave. Edgewood, Md. 11-36-3693 Korean War 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c), PART I, DEATH WAS CAUSED BY: ONOXIDE IMMEDIATE CAUSE (a) removal, Conditions, if any, which "pending" Examiner's (gave rise to immediate cause **DUE TO** (a), steting the underlying cause lest cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY CERTIFICATION lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of Item 18.) age 3 shouts to burial, o PRIMARY or CONTRIBUTING CAL EXAMINER: CAUSE OF DEATH. 1agra Tion Home ന 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) 20c. T.ME OF INJURY fectory, street, office bldg , etc.) 2 WED White Not While el work Eygeword 19 66 et work MAREURN prior /16/n= 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry designated agent, Accident Xi. Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) ₽40 /31/66 Camden Cemetery Removal Camden Tenn.

ADDRESS

1217 St. Paul St. Baltimore, Md.

. IS RESIDENCE ON A FARM?

YES NO X

Yeer

19

IF UNDER

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Slete)

and in my opinion

DATE SIGNED

0

(Stelle)

Hours

Day

U.S.A.

(County)

24h-9REGISTRAR'S SKINATUR

tiarley

24e. REC'D BY REGISTRAR

1966

VS. A15ME 5M 7/59

23. FUNERAL DIRECTOR

Wm. Cook-Brooks Inc.



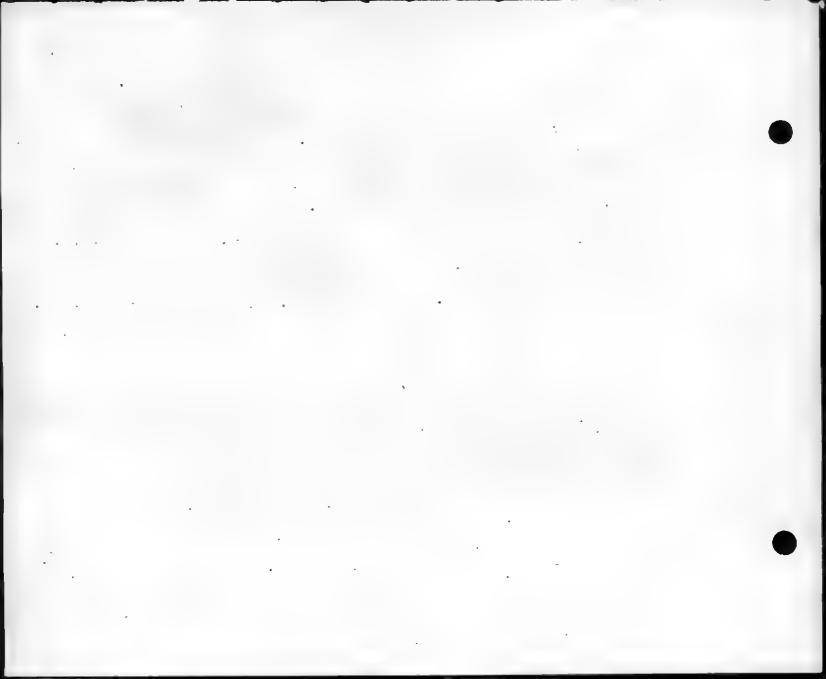
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00207 namen

11-	00003		
Įħ.	PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss b. COUNTY	sien)
	Hactord MARYLAND	B. STATE b. COUNTY Hartord	
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)		wn)
1/-	PAVIE de COPACE 1/2 dans	(Rural) White Hall	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS Norrisville Road 8. IS RESIDE	
1	tartord Nemorial Hospital	THE NO	-
3.	NAME DF DECEASED MARY. First Middle	Last / 4. DAYE Month Day Year	1
-	(Type of printy F TO FEN CE	7///OS DEATH JANGACY 20 196	
5,	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 last birthday) Months Days Hours M	yiu.
1/3		Dec. 19,1878 87 yrs.	
du	a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
_	Housewife Home	Shawsville, Maryland U.S.A.	
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	John Calvin Robinson	Emma Robinson	
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. cs, no, or unknwn) [(If yes give war or dates of service)]	. INFORMANT Address Box 257	
	No Ar	thur R. Phillips White Hall, Md.	
-	18. CAUSE DF DEATH { Enter only one cause per line for (a) (b), and (c),]	INTERVAL BETWE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Wescully Hemorrial o IV au	ul
	DUE TO 11.6-A	1 - () 2 - () 2 - () 2 - ()	7
	Conditions, If any, which \ (b) HypelCuseve	and Cyllogos eltrotic	11
	gave rise to immediate cause (a), stating the DUE TO	mula Discore ?	
_	underlying cause last. (c)	outly a) is	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORME	
2	titalicles (mollitus	YES NO	_
FIE	20a, ACCIDENT WAS LINDERLYING TO 20b, DESCRIBE HOW INJURY OCC	CURREO. (Enter nature of Injury in Part I or Part II of Item 18.)	
	DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		ACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State tory, street, office bldg., etc.)	e)
믒	Hour a.m. While While at work at work	tory, street, vindo bidg., cie.,	
-	21. I certify that (i) (this hospital) attended the deceased from	JAN: 18, 1966 to JAN. 20, 1966, that (1) (we)	last
		at death occurred at 2 32M, from the causes and on the date stated ab	ove.
	22a. SIGNATURE	22b. DATE SIGNED	
	Auget (100mil) M	.o. PHYS. MED. STAFF 1/10/66	
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
_	Lawasa C. Loo, M.	fewre a gace, ma.	
23.	REMDVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or county) (State))
	Burial 1/23/1966 Ayres Chap		
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	harter & Hury garrelleville	2, Mile , DAFEN 3 - 1966 - worthy Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicians and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit parmit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR AIS (4) 20M 1/65

TO NOSTITAL OR ATTENDING PHYSICIAN: The law requires that the seath certificate is exacuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



20M 1/65

. 0. 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the barial-tamesit permit. Then please remove carson papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. ed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

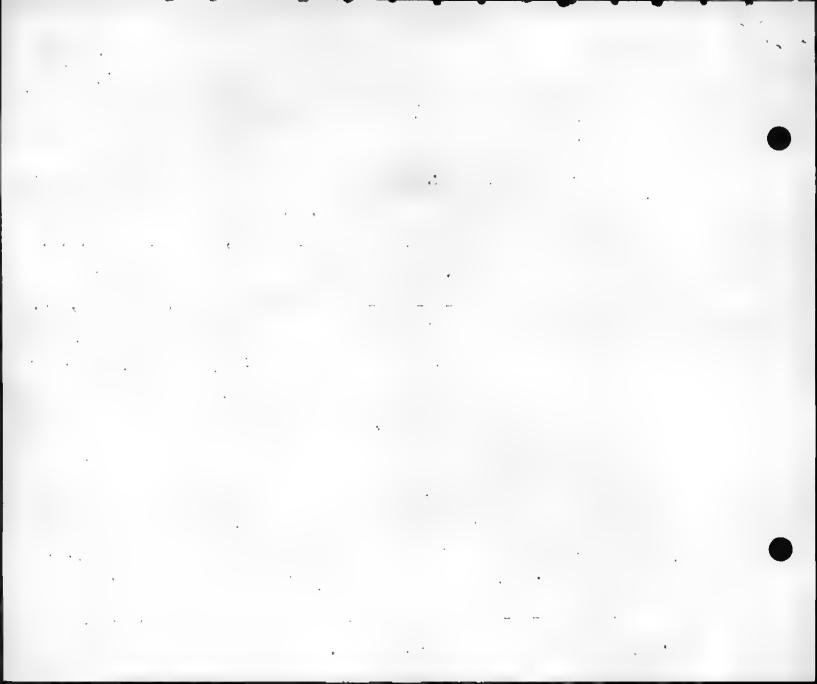
ON STATISTICAL RESEARCH AND RECORDS OF DEATH

PLACE OF DEATH

11 2 USUAL RESIDENCE (Where deceased lived, 14 inclinations residence declared)

	UUOUS	IL OF PEATH
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
	a. COUNTY	a. STATE D. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	
11	write RURAL and give nearest town)	C. DITTOR TOTAL III ORGAN COLDER TO MINIS, WITH MANUE ON BRIDE MANUE
H	Aure de Grace 12 hours	Cacemood
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	d. STREET ADDRESS 2307 O IS RESIDENCE ON A FARM?
Ŧ	Lartord Memorial Hospital	Shannon Rd. YES NOW
3.	NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
	(Type or print) DACOACA TO THE TOTAL STATE OF THE STATE O	TROOR DEATH JANUARY 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UND IR 1 YEAR IF UNDER 24 HRS.
	emple 11) hite WIDOWED TO DIVORCED T	Apr. 7. 1890 75 yrs. Months Days Hours Min.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	Ing most of working life, even if retired) INDUSTRY	COUNTRY?
	Housewife Home	
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMANT Address
(Ye	None (If yes give war or dates of service) 218-03-9832-B	Geraldine Pieper, Edgewood, Md.
	7-7-1	
	18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Luaden
	4201 DUE TO 10 A h -	A-1 2 1. 0. 1 -4 1 11
	Conditions, if any, which \ (1)	eno hujotantial interction Rudden
П	gave rise to immediate	and the second second
	cause (a), stating the DUE TO and	Annih Ofabelia Cont 11da
z	underlying cause last. (c) Attacelling	Mellochen of accommetana 2 / way
011	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	DEDECOMENT/
CA	D H.S.C.V.	D + HC/1 - for Reveral YES NO NO
TE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in Part I or Part II of igem 18.) .
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	·
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
<u></u>	Mulle Wor Kittite Inc.	ictory, street, office bldg., etc.)
Σ	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	
		that death occurred at 3 3 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE/SIGNED
		M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) & TELLIFIER CLOO M	o Thire de grace, ha
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	ERY DR CREMATORY 23d. LOCATION (City, town or county) (State)
200	REMOVAL (Specify)	
-	Burial 1-11-66 Spesutia	
24	. FUNERAL DIRECTOR ADDRESS	0.71 0 0
T	arring Funeral Home, Aberdeen.	Md. DAJAN 11 1966 policonlas Judge

VR A15 (4) 20M 1/65





TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. machted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYMICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OOO11
CERTIFICATE OF DEATH

	1	0081			CE	RIIFICAL	E OF DE	AIH				00/3	3		
	J.		erford			MARYLAND	a. STATE	Maryl	and		W Har	ford			
		b. CITY OR TOW write RURAL	N (if outside corpor and give nearest to	ate limits, wn)		H OF STAY IN 16	41			ate ilmits, writ	e RURAL an	d give neare	st town)		
		nural =	DOT WILL			years	II	Rural	- Del	Alr		e, IS RE	PIDENCE		
			SPITAL OR INSTITUT			e street address)	d. STREET AD			for a s	4.5	ON A	FARM?		
v			d Convales				11			(U.S. #	11)	YES DE			
-	3.	NAME DF DECEASED	_	First		liddle	Last	4.	DATE OF	Month		Day Ye			
	6	(Type or print) SEX	Grad		telle	Pyle	8. DATE OF BIR	TU	DEATH 19. A	January GE (In years I	7 2:		66 B 24 HBS		
	_	male	6. COLOR OR RACE	7. MARRIED WIDOWED		MARRIED DIVORCED	Jan. 26,		ia On	st birthday)	Months D	ays Hours			
	10a dur	. USUAL OCCUPATION TO MOST OF WORK	TION (Give kind of wor ling life, even if retir	k done 10b. k	KIND OF BUS	SINESS OR	11. BIRTHPL	11. BIRTHPLACE (County & State, or foreign country) 12.					CITIZEN OF WHAT		
-	13.	FATHER'S NAM		LIN	VIICHIP V	24	14. MOTHER		-	244744	-				
			Villiam H.	Michael	1		1 - 11 - 111-111-11	giana							
	15	. WASDECEASED	EVER IN ILS. ARMED	FORCES? 16	. SOCIAL SEC	CURITYNO. 17.	INFORMANT &	38_649	1	Address	RED	1.Box	199		
ı	(TE	NO NO	(If yes give war or date:	(or service)	None	o Mrs	. Anna E	I. Mich	ael	Bel Ai	r, Ma	ryland			
	1	18. CAUSE OF	DEATH [Enter only o	ne cause per	line for (a),	(b), and (c).]						INTERVAL BI	TWEEN		
	-	PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a) Acute congestive heart failure											ONSET AND DEATH 2 hours		
	DUE TO														
		Conditions, If	any, which		onchia	l pneumo	nia					1 week	<u> </u>		
		gave rise to cause (a), s		E TO		-									
	_	underlying caus	se last.	(0)		cardio-					3				
^	ICATION	PARÎ II, OTHER :	SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DE	ATH BUT NOT REL	ATED TO THE TER	MINAL DISEA	SECONDIT	ION GIVEN IN P	ART 1(a)		UTOPSY RMED?		
	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING F ING CAUSE OF DE TIFY MEDICAL EXAM	ATH	DESCRIBE H	IOW INJURY OCCI	JRRED, (Enter na	ature of Injui	y in Part	l or Part II of	item 18.)				
	CAL		INJURY Month, Day	, Year 20d.	INJURY OCC		CE OF INJURY (H	lome, farm,	20f. (CI1	y or town)	(Count	у)	(State)		
	MEDICAL	Hour a.i		While at wor		ulie	113, 20 ccr, 0 mca	Did 8-1 ero-)							
			fy that (I) (this ho		led the dec	ceased from66_, and tha	Jan. t death occurre			anuary the causes a					
ı		22a. SIGNATU		Pop	Lud	son M.I	ATTENDING	MED.	TOR [STAFF PHYS.	Jan.	E SIGNED	966		
/		22c. PHYSICIA NAME (T		ard P. I	Hudson	, M.D.	Pol	rest Hi	11, 1	laryland	À				
	23a	BURIAL, CREN REMOVAL (Sp	MATION, 23b. DATE			ME OF CEMETER				TION (City, to			tate)		
		Burial	Jan-24	1966	Deer	Creek Me	th. Cem.			H11, 1			MO.		
1 14	24	FUNERAL DIRI	ECTOR 1	N. Broad	dway &	Williams	St. St.	1 1 1 0	Y REGISTR	400		SIGNATURE			
V	7	Look ask	المالال ما	Bel Air	Mary	land 210:	14 0/	HAN 2	196	6 //	7230	Judge.			

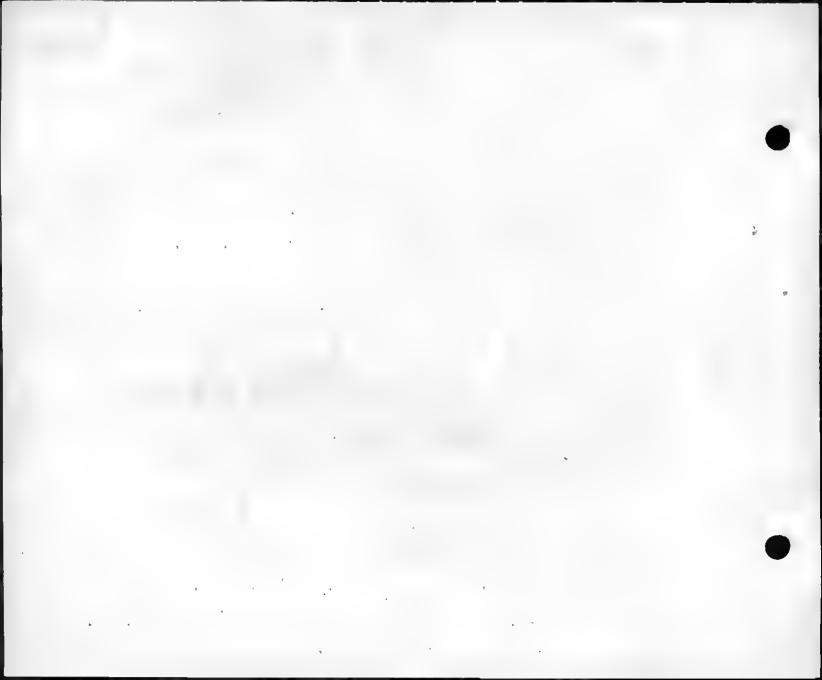
VR A15 (4) 20M 1/65

Joseph

William

, 10 Γ -* 2 LA

	1		nivisio	N OF STATISTIC	MARYLA	AND STATE D	EPARTM	ENT OF HI	EALTH TREET, BALT	IMORE 1. MA	RYLAND
ے	F 7 4	H.	00812		,,	CERTIFICA				{	10794
hours after death	and	- 1	1. PLACE DF DEAT a. COUNTY	A .			2. USUA a. ST.			If Institution: Resi	idence before admission
fer	by the faces 1 urs after		1	arford		MARYLAND		Mary	land	Har	ford and give nearest town
क श	in by t s. Page hours a		write RURAL	N (if outside corporate and give nearest town Street) c.	LENGTH OF STAY IN 1 25 vears	B C. CITT C		l- Stre		in Blac trout est rown
P Pour	프 공유			SPITAL OR INSTITUTION			d. STREE	T ADDRESS	T- P(T.8)	3 L	e. IS RESIDENC
No.	tely filled I	00					1				ON A FARM? YES ND X
The law requires that the death certificate be executed within	completely f		3. NAME DF DECEASED	Fire	_	Middle	Las	st 4.	DATE OF DEATH Je	Month	Day Year
» P	car car vent,		(Type or print) 5. SEX	Jerus 6. color or race (Cliff	FRIRTH			2 19 66 YEAR IF UNDER 24 HR
cute	o o o o		F'emale	White	7. MARRIED [NEVER MARRIED DIVORCED		7,1884	last birt		ays Hours Min.
ехе	in and control			TION (Give kind of work d		OF BUSINESS OR STRY			& State, or foreign	country) 12. CIT	ZEN OF WHAT
pe pe	physician in please, r wat, and in		House	ing life, even if retired wife	INDUS	STRY	Taz	zwell Co) Va.	US	
icate	phy vaf,		13. FATHER'S NAM	IE.			14. MOT	HER'S MAIDEN N	IAME		
ertif	PV 00 C		W.J.	Lester			1	nknown			
유			(Yes, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	service)		7. INFORMAN			Address	
dea	the a it permation,		NO CARSE OF	DEATH [Enter only one		None	Mrs. C	ari kee	en, Stre	et. Md.	INTERVAL BETWEEN
the	> 2			EATH WAS CAUSED BY: IMMEDIATE GAUSE (-		m'/	Moren	noon		ONSET AND DEATH
that	lysician. signed by irial-transi irial, crem	- 1	4	DUE T) 1				
res	8 7 7		Conditions, if	any, which }	b) (e)	ronem	Des	Ceno	-		
inba	ling been the b		gave rise to cause (a), s	tating the DUE 1	0	. 1 -)	of a	Henrie.	Aclerox	4.C-1/	
aw I	has been as the prior to		E PART U OTHER	se last.) (SIGNIFICANT CONDITIDE	C) CONTRIBITION	CTO DEATH BUT NOT B	FLATED TO THE	TERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(a)	119. WAS AUTDPSY
je –	ificate h for use Health		Z TATILITIES		1_7/	Tarak	الما والما				PERFORMED?
ž.	ospital or a certificate ned for use t. of Health	^	PART II. OTHER 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING INCOME CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. DESC	RIBE HOW INJURY O	CCURRED. (Ent	ter nature of Inju	iry In Part I or Pa	rt II of Item 18.)	
OR ATTENDING PHYSICIAN: The law require	ne hospi this cert etached Dept. o			TIFY MEDICAL EXAMIN	ER)					year alone - Mar.	
PHY	the deta		ZDc. TIME OF Hour a. p.	INJURY Month, Day, Y		Not While	PLACE OF INJU ictory, street, o	IRY (Home, farm, Iffice bldg. , etc.)	20f. (City or to	wn) (Count	(State)
52	by the little to the de de State			m. 19_	at work	at work			0-	5//	
	nay be retained AL DIRECTOR: A page 3 should filed with the 3			fy that (I) (this hospi	tal) attended t	he deceased from	hat death on	, 19 <i>6</i>	7, to fine the or		_, that (i) (we) la date stated above
A	reta ECTO S Sh with		22a. SIGNATU	ceased alive on		1 19 2 , and 1	- at death oc			22b. DAT	E SIGNED
	y be retaine DIRECTOR: age 3 should iled with the			Longh	a	1 mil	M.D. PHYS.	DING MED.	CTOR THYS.	□ Janu	ary 3,196
E	~ 2	1	22c. PHYSICI	ype) Josiah	A. Hun	.4. 1		ADDRESS Delta, Pe	2222		
TO HOSPITAL	Page 4 may O FUNERAL I director, pag should be fill		23a. BURIAL, CREI			3c. NAME OF CEMEN				City, town or coun	(State)
101	문 문 문 문 문 문 문 문 문 문 문 日 日 日 日 日 日 日 日 日	K	REMOVAL (Sp. Burlal	ecify) Jan.5.		Emory	DATE OF GREINE	2		eet. Md	(0.00.0)
		0	FUNERAL DIR		T900	ADDRESS		25a. REC'D E	BY REGISTRAR 2	b. REGISTRAR'S	SIGNATURE
	R A15 (4)		John	H. Harben	4	Delta, Pe	nna.	DATE AN	6 1966	funde	o Judge



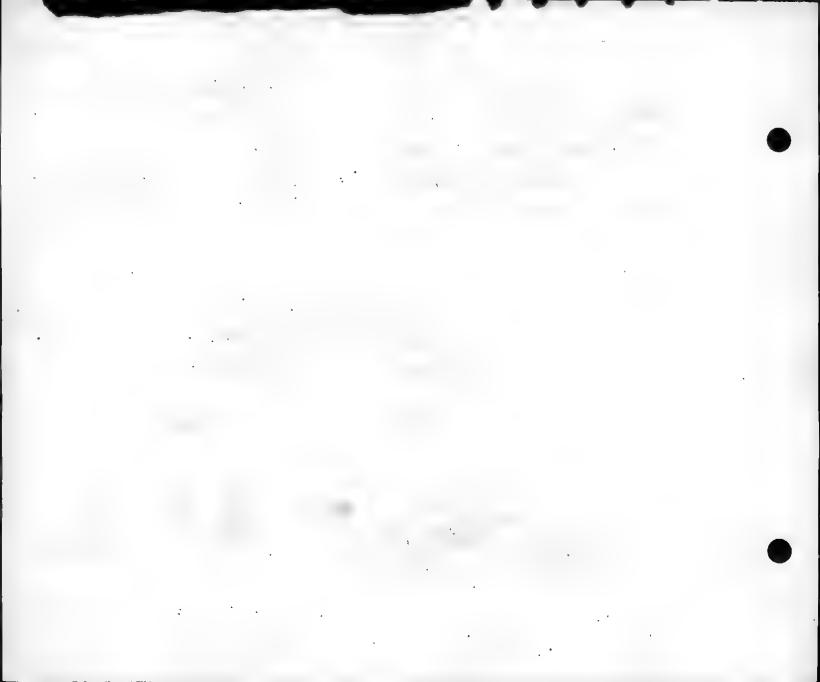
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the Meatill certificate lie executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical money completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please janove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

()()795

1. PLAC a. CC	E OF DEATH	ford			HARVE BALL		2. USUAL RES	SIDENCE (Wh Marylar			wtion: Resid		admission)
b. G	TY OR TOWN (f outside corpora	ite limits.	L c. 1 ENGTH	MARYLANI OF STAY IN		c. CITY OR TO	WN (If outsid	le corpora	te limits, write	a RURAL an	d give near	est town)
W	rite RURAL and	f outside corpora give nearest to	YN)					Rural -		*		1	1
2	iral - E	AL OR INSTITUTION	ON (If not lo !		etrast addre	- (22	d. STREET ADD		DOT.	WIL		e IS R	ESIDENCE
	nowingo		ou fit not in i	iospital, Rivo	su cot addie	55)		Conowir	ngo Re	oad		ON A	NO K
3. NAM	E OF		Irst	М	lddle		Last	4.	DATE	Month			rear
	ASED or print)	Julia	an I	ouis	Rutk	owsi	d		DF Death 4	January	4,	1	9 66
5. SEX		color or race	7. MARRIED	Land .	MARRIED [DATE OF BIR	- 4	9. AG	E (In years III birthday) N	UNDER 1 Y Ionths Da		
1Da. USU	AL OCCUPATION	(Give kind of work life, even if retire	done 10b.	KIND OF BUSI	NESS OR	1	11, BIRTHPLA	CE (County &	State, or f		12. CITIZ	ZEN OF WH	AT
	ost of working	lite, even it retire	(d)	INDUSTRY CUL	ture	1	Polane	a				ITRY?	
	HER'S NAME			- Dr			14. MOTHER'S		ME				
	Ū	nknown					1	Jnknown	1				
	DECEASED EVE	R IN U.S. ARMED F		. SOCIAL SEC	URITYNO, L		FORMANT (Son)83	1476	Address	FD#1,E	lavel 1	E
(Yes, no,		yes give war or dates	of service)	None			•						
	1	THE FEBRUARY AND				AL.	Michae.	L_L, M	TEKON	SK1 D	ol Air	INTERVAL E	
18.		TH [Enter only or WAS CAUSED BY									1	ONSET AN	DEATH
	CHULL PERTI	MMEDIATE CAUSE	(a) D	ronch	opneur	non	1a					sev.d	ays
	1 1	DUE	TO D	wah a		a -	1 7		**				
	ditions, if any rise to im		(b)	TOD W	REMARKS	ue	rebral	vasc	ular	accid	ent 2	2 Wee	ks
	o (a), statl		TO										
	erlying cause is		(c)										
PART	T II. OTHER SIGN	IIFICANT CONDITI	ONS CONTRIB	UTING TO DEA	NTH BUT NOT I	RELATE	D TO THE TERM	IINAL DISEAS	E CONDITI	ON GIVEN IN P	ART 1(a)	19. WAS PERF	AUTOPSY DRMED?
S												YES	NO
PAR 2Da. 2Da. 0R (IF ICATION	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEAMEDICAL EXAMI	TH (NER)	DESCRIBE H	OW INJURY C	CCURI	RED. (Enter na	ture of Injury	y in Part I	or Part II of	item 18.)		
정 20c.		JRY Month, Day,	Year 20d.	INJURY OCCU		PLACE	OF INJURY (H		20f. (City	or town)	(County	/)	(State)
ZOC.	Hour a.m. p.m.	19	While at wor		ille 🖳 i	пстогу	, street, office t	oldg., etc.)					
		hat (I) (this hos	7			N	ov.26	1965	to t	Jan.4	10 66	that (I)	(we) last
	aw the decea		Jan.3	196			leath occurre	7		the causes a	,		
	SIGNATURE	Sca allic oil	TD	~ 11	/ 4110	tijat t			ari _t trotti	1	22b. DATI		34 55 55
	-	121. *	- 13	21/1/2	7	M.D.	ATTENDING PHYS.	MED.	TOR 🔲	STAFF PHYS.	Jan.	4/66	
22c.		AWO	/:	100	0	INI .ID.	j 22d. ADDR	ESS	TON L	11113.	0.22.1	17.00	
İ	NAME (Type)	Robe	rt Bai	rthel			Fo:	rest I	Hill,	Mary	land		
23a. BU	RIAL, CREMATI	ON. 23b. DATE	THEREOF	1 23c. NA	VE OF CEME	ERY C	R CREMATORY	1 23	d. LOGAT	ION (City, tow	n or count	у)	(State)
R	MOVÁL (Specif	Jan.7.	1066	West	Nottin	g he i	m Cemet	arv Co	olora	Cecil	Co.	Ma .:	
24. FU	NERAL DIRECTO	OR 1	W. Bros				25:	a. REC'D BY	REGISTR	R 25b. REG	ISTRAR'S S	GNATURE	
She	experience in	- trater	Bol Air	e. Mare	land 2	101	, r	IAN 6	196		onley	Judge	2
Jose	ph W1114	am Foste					! DA			<u> </u>		/	
7000	MAL IT ALL A	MEDITS & VIV VV											

VR A15 (4) 20M 1/65

- 10 m th oet 1 2,024 . 51 2 2' O.



0	- 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0	= = ~ 1		00815 CERTIFICATE OF DEATH
	24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	1.	PLACE OF DEATH a. COUNTY HARFORD 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY HARFORD APPLIANCE A
	is after by the Pages 1 urs after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	in b	_	HAURE OF GRACE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1 e. IS RESIDENCE
•	filled papers, hin 72 h		HARARY Memorial Hospia, grastest address; d. STREET ADDRESS ON A FARM? YES NO !!!
	executed within and completely remove carbon promoted and event, with	3.	OECEASED 11// DF
	comp	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (in years IFUNOER 1 YEAR IFUNOER 24 HRS
	and and emo	1	1/1/ E. While Widowed Divorced 14/1/1909 6/ yrs,
	be Clan Clan nd i	dui	a. USUAL ORCUPATION (Give kind of work done lob KINO OF BUSINESS OR ling most of Working life even if retired) 10. KINO OF BUSINESS OR line prost of Working life even if retired) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
	# Fat-	13	FATHER'S NAME
	nding Tarmer reme	15	S. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address A Address A CON 1204
	that the death certificate sician. ned by the attending this al-transit permit. Then permit, cemoval, all cremation, or removal,	(Ŷ	es, no, or unknown (tipes give war or dates of service) 170-09-593 9mm Emelifice Danolf Fallaton md
	the de		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Y PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
	Ires that the death certifica physician. I signed by the attending the burial-transit permit. Then burial, cremation, or remova		OUE TO O Liver Sollar Collabor 2.4-364
	quires ng ph sen si ne bur to bur		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DETO
	aw re tendi as b as th prior	N N	underlying cause last. (c) LICE LET LASING PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	The for all or all cate if use ealth	ICATIC	Luge Antrel Petites User YES 1 NO 12
	SICIAN: The law requires that thospital or attending physician, s certificate has been signed by ched for use as the burial-tranipt, of Health prior to burial, cre	CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OCATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transishould be filled with the State Dept. of Health prior to burial, cremshould be filled with the State Dept.	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bidg., etc.) 4 work 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) (County) 20f. (City or town) 20f. (City or tow
	INDIA Ined R. Af		21. I certify that (I) (this hospital) attended the deceased from AN. 9, 1966, to JAN. 25, 1966, that (I) (we) last
	retained ECTOR: A 3 should with the		saw the deceased alive on AN . 25 19 66, and that death occurred at 6.45 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED /
	SPITAL OF 4 may be IERAL DIR tor, page d be filed		22c. PHYSIONAN'S NAME (Type) ATTENOING MEO. DIRECTOR DIR
	Page 4 may Page 4 may FUNERAL director, pa		1 1.)HIV WYRY 3 4 Julius 81. Humen Aug
	Par Paris	238	REMOVAL (Specify) 46/39/66 Maple Hell askling Pa
	VR #15 (4)	/24	ABORESS 1258. REG'D BY REGISTRARY 25D., REGISTRARY'S SIGNATURE
	20M 1/65	-	Granden I am I favore desci I NG 1 BATE! IN 1000 1



-1:

r e

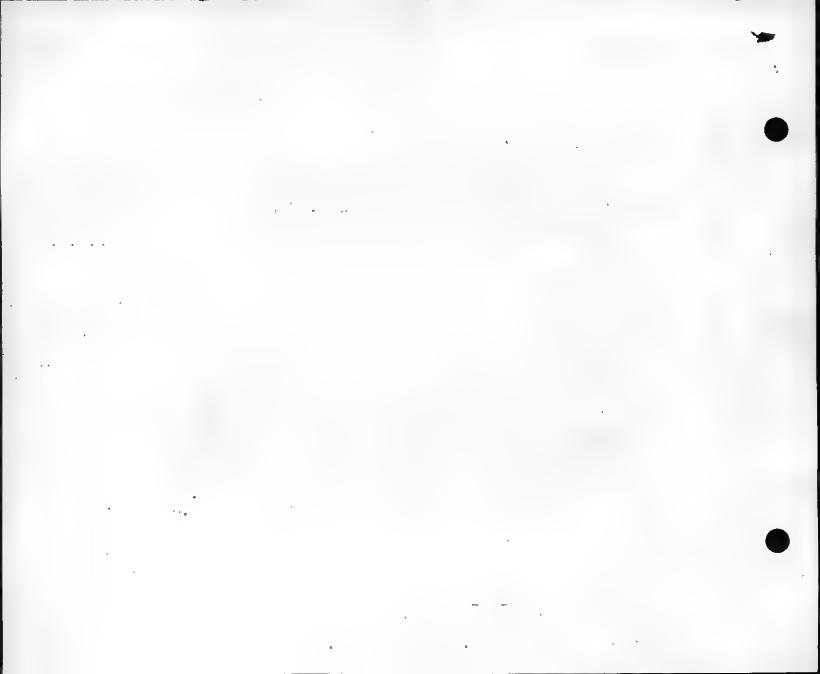
ņ

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4	00820 CERTIFICAT	E OF DEATH	00802						
	1.	PLACE OF DEATH a. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY Maryland F	esidence before admission)						
ľ		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
		Rural 40 yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Darlington, Rural d. STREET AOORESS	e. IS RESIDENCE ON A FARM? YES NO 2						
	3.	(7)	Last 4. DATE Month OF Jan.	Day Year 6 1966						
		F Black WIDOWED P DIVORCED	Sept. 30, 1879 86 yrs.	Days Hours Min.						
		USUAL OCCUPATION (Give kind of work done ing most of working life, eyen if retired) Housewife in the industry	York Co. Penna.	TIZEN OF WHAT USA						
ı	13,	Joseph H. Dorsey	14. MOTHER'S MAIDEN NAME Ida May Mille	r						
	15. (Ye	15. WAS DECEASED EVERINU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)								
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: [IMMEDIATE CAUSE (a)] INTERVAL BI ONSET AND									
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO Conditions, if any, which (b) DUE TO DUE TO	ing C-V Disease							
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO						
		20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bidg., etc.)	nty) (State)						
			t death occurred at 3 A M, from the causes and on the							
		22a. SIGNATURE Jonal 9. Home	D. ATTENDING MED. STAFF DIRECTOR PHYS.	6/46						
		Josiah A. Hunt M.D.	Delta Penna							
	23a	Buriel Jan. 9 1966 Cedars Chu	or CREMATORY 23d. LOCATION (City, town or course Carch Cem. Darlington. R.)	D. Md.						
	24.	John H. Harkins Delta, Pen	na. DAYEAN 1 0 1966	S SIGNATURE						

VR A15 (4) 15M 4-64



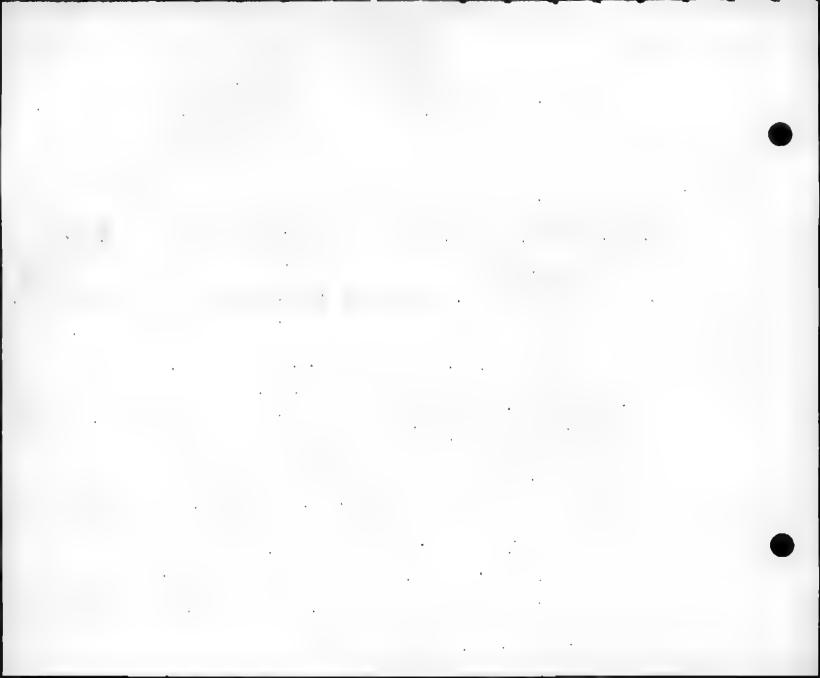
DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY : e. STATE MARYLAND 후 ² c. CITY OR TOWN Ill outside corporate hauts, write RURAL and give nearest town b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? YES NO completely 4. DATE Year 3. NAME OF Day Month DECEASED (Type or print) 19 (ab within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | last birthday) and Months Days Hours May 5. WIDOWED * DIVORCED T 7 3m. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stala, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, evan if retired) ${\tt Domestic}$ Harf. Co. USA 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT George W. Banks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) | (If yes give war or dates of service) William C. Banks. Coatsville, Pa. signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUF TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 YES NO US& prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: .62.2., and that death occurred at 7 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE ATTENDING MED. SIGNED DIRECTOR PHYS. death. Page 4 ADDRESS 22c. PHYSICIAN'S IO FUNE director, 1 238. BURIAL, CREMATION, | 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria Asbury BelAir 24 FUNERAL DIRECTOR'S SIGNATURE D. BY REGISTRAR VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

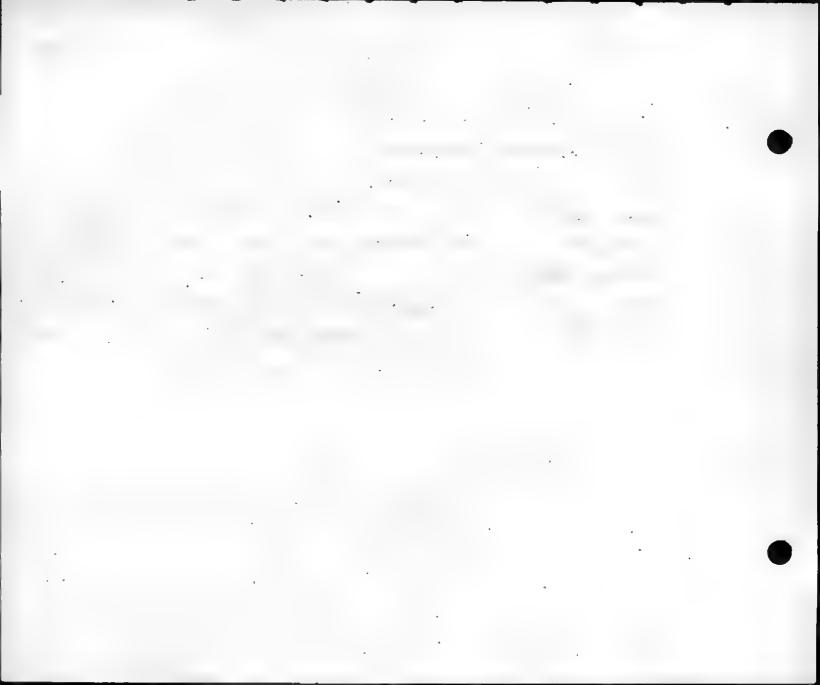
2DM 1/65



	,	1			DIVISION OF STA		ARYLAND STA SEARCH AND RI				RALTIMORE 1	. MARYI	ΔΝΩ
	,ci	E 7 4	1		00823				E OF DEAT			(10805
	24 hours after death.	1 and 2 er death	7	ī,	PLACE OF DEATH a. COUNTY Harfor	<u> </u>	N.O.S.	RYLAND		CE (Where decease ryland	b. COUNTY	n: Residence	
	afte	by the fi Pages 1 urs after	ľ		b. CITY OR TOWN (if outside write RURAL and give nes	corporate limits,	c. LENGTH OF ST		c. CITY OR TOWN (I	f outside corpora	te Ilmits, write RU	RAL and give	e nearest town)
	SIDOL	s. P.			Bel Air d. NAME OF HOSPITAL OR IN:		8 years	n ddunna)	d. STREET ADDRESS		12	/	. IS RESIDENCE
-		filled in papers. Find 72 hou	3		1 Spring Dr		in nospitai, give street	address)		ring Dri	78		ON A FARM?
	executed within	vsicia, and completely filled in by preservemove carbon papers. Page and in any event, within 72 hours		3.	NAME OF DECEASED (Type or print)	First Viola	Middle Frances	Mood	Last	4. DATE OF DEATH	Month January	17.	Year 19 66
	cuted	d corr			SEX 6. COLOR O		IED NEVER MARRI		B. DATE OF BIRTH	9. AG	E (In years IF UNI t birthday) Month	DER 1 YEAR I	FUNDER 24 HRS Hours Min.
		and and in any		_	USUAL OCCUPATION (Give kind ng most of working life, even		b. KIND OF BUSINESS (INDUSTRY		lugust 18,	1888 77 County & State, or f	yrs. oreign country) 12	. CITIZEN O	F WHAT
	requires that the death certificate be	Sicial Pease			Housewife	it retired)	Homemaker		Altoona, E		Pa.	U.S.A	
	ificat	len phi		13.	FATHER'S NAME				14. MOTHER'S MAI		1.0		
	cert	ndin I. Th		15.	WAS DECEASED EVER IN U.S. A , no, or unkown) (If yes give was	RMED FORCES?	16. SOCIAL SECURITY	NO. 17.	INFORMANT (Daug	lmina For		Smeine	Drive
	eath	Teen signed by the attending prints the burial-transit permit. Then it to burial, cremation, or removal		(Ye	Mr.	r or dates of service)	None		Eugenia				
	he d	y the sit p matic			18. CAUSE OF DEATH [Enter		er line for (a), (b), and	(c).]	0	4.	3	INTER	T AND DEATH
	hat t cian.	e∎ b tran , cre			PART I. DEATH WAS CAI	E CAUSE (a)	orona	M 2	colu.	un		5	minute
	es tl	sign urial urial			Conditions, If any, which	DUE TO (b)							
	equir ing c	leel he b			gave rise to immediate cause (a), stating the	DUE TO							
	aw r	las l as t prior		N N	underlying cause last. PART II. OTHER SIGNIFICANT O	(c)	PIRITANG TO DEATH BIG	NOT DELA	TED TO THE TEDMINAL	DISEASE CONDITI	ON CIVEN IN PART 1	(a) 19	WAS AUTOPSY
	The I	certifilate I hed for use t. of Health	А	CERTIFICATION								YES	PERFORMED?
	PHYSICIAN: The law requires that the hospital or attending physician.	certifiched f	U		20a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20t OF DEATH L EXAMINER)	DESCRIBE HOW IN	URY OCCU	RRED. (Enter nature o	of Injury In Part 1	or Part II of Item	18.)	
	NG PHYS	ifter this certifilate las lie be detached for use as th State Dept. of Health prior		MEDICAL	20c. TIME OF INJURY Mont Hour a.m. p.m.	W	d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, 1 ry, street, office bldg.,	arm, 20f. (City etc.)	or town) ((County)	(State)
	NDIN ped b	7 Table 1999		2	21. I certify that (I) (ti		ended the deceased	from	/-/	19 4 O, to 1	- / 7 , 19	66, the	at (I) (we) last
	ATTENDIN	Should with the			saw the deceased alive	on 7-1	19 65	and that	death occurred at	12-4M, from t		n the date	
1	- H 4	eg eg	,		Lewell	PPal	mer	M.D	ATTENDING PHYS.	MED.		n. 17,	
	Page 4 may	O FINIRAL DIM director, page should be filed	1		22c. PHYSICIAN'S NAME (Type) Go	rald C. F	almer, M.D.		S. Main	St., Bel	Air, Mar	yland	21014
	O HO	direction		23a.		DATE THEREOF	23c. NAME OF	CEMETERY			ION (City, town or		(State)
	F	= =		24.					Cemetery	Altoona C'D BY REGISTRA	Blair Co	Par's signa	. 16601
		A15 (4)			Maybe william For	Bel.	roadway ce W	nd 21	M2 Drd	111 190		# 1	r zela
	20N	1/65	_ '	Jo	seph William F	oster					14	- / +	

₹ -The second secon Σ ,

	a way	
1	1 200	MARYLAND STATE DEPARTMENT OF HEALTH
4	183	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1 =	# N	CERTIFICATE OF DEATH UUSUG
eath	ner eat	1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	1 T T T T T T T T T T T T T T T T T T T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
after	the afte	by CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
	Pag IS	write RURAL and give nearest town)
hours	.EB	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
	72 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
2 42	三 图 1	Harford Memorial Hospital DAYOU VILLA YES NO
15	stely filled in by the funeral on papers. Pages 1 and 2 within 72 hours after death.	3. NAME OF DECEASED First Middle Last D 4. DATE Month Day Year
	Parity.	(Type or print) RACHEL FMMA WORTH DEATH OFNUARY W 1966
xecuted	ne ce	5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Ş	and co	Formale Wilder WIDDWED DIVORCED Oct. 2 1904 6/ yrs. Months Days Hours Min.
20	n and remo	10a USUAL OCCUPATION Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
12	and	during most of working life, even if retired) NOUSTRY
	CAPTURE -	Treasurer Dry Cleaning Wilm Naton, Del. U.S.A.
2	attending premit. Then	1.1111 1.10
certifica	등 등	William M. Coll/N9S Ada V. Hoffygn
_	or it	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, yo., or unknown) (If yes give war or dates of service)
death	ern on,	No 14-42-1355 Agive to Grace Mid.
	the it pe	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1
the that	ician. led by the attend frans:t permit. I, cremation, or r	PART I. DEATH WAS CAUSED BY: [a) (Taycliap T. Complusation, Clima 2 year
-	al, c	Fad DUE TO A -A - 19 - 10 1
60	physician n signed b burial-tran burial, cre	(Conditions, If any, which) (b) Atterior of extende Curden 2
	ig e en co	gave rise to immediate
Ē	를 중속 다	course (a), Stating the
36	tter as pri	
9	hospital or attending plans to certificate has been strength or use as the but, of Health prior to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) By CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER)
		20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
19	of eart	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) BE DR CONTRIBUTING CAUSE DE DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICIAN	the hospital or attending physician this certificate has been signed betached for use as the burial-trance Dept. of Health prior to burial, cre	
	e e e e	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work at work at work at work at work at work at work.
<u>e</u>	retained by the CTOR: After the Should be de vith the State	
	he he	21. I certify that (1) (this hospital) attended the deceased from tan 2074, 1964, to tal 1966, that (1) (we) lat
	th t	saw the deceased alive on the date stated above
	× 3	22a. SIGNATURE 22b. DATE SIGNED ATTENDING 1 MED. STAFF
	DIR.	M.D. PHYS. X DIRECTOR PHYS. II // 66
-	A P SA L	22c. PHYSICIAN'S NAME (Type) F Aug To Company (Type) To Company (T
	Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	Lought Co, Not, MO + Troure are 1
	Page 4 O FUNE directo should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City, town or county) (State)
E	200	Aunial 1/3/166 North Fast Meth. North East Ma.
	^	24. FUNERAL DIRECTOR ADDRESS S MAJIN S & 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A150 (4)	Grant Cuneral House Crouch North East, My DATEAN 6 1966 Charles Judge
7	20M 105	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b, COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d MARYLAND b. CITY DR TOWN (if outside corporate limits. C. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours de GRACE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? e 0000 C MORIA ND X completely i within NAME DE Day Year First Middle Last 4. DATE Month DECEASED R DEATH (Type or print) ANDARY 1966 SEX 6. COLOR OR RACE 8/ DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done ! 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please and in during most of working life, even if retired) INDUSTRY RCINIA certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the au. 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SDCIAL SECURITY ND. INFORMANT Address death (Yes, no, & unkown) (If yes give war or dates of service) 3-12-002 cremation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a): (b), and (c). been signed by the burial-transition to burial, crema I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gave rise to immediate **DUE TD** cause (a), stating the prior underlying cause last, Sel 93 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL FISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health use PERFORMED? TOR: After this certificate should be detached for use it the State Dept. of Health NO F the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work retained by p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 2 20M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SIGNED 22b. PHYS. M.D. DIRECTOR PHYS. E I PHYSICIAN'S FUNERAL 22c. 22d. ADDRESS director, p NAME/(Type) BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, (State) 23c. -NAME OF CEMETERY OR CREMATORY 23d. town or county) 2 WEMOVAL (Specify) 11/11/11 24-FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

The state of the s Showing the first the second of the second o

MARYLAND STATE DEPARTMENT OF HEAD

1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
- i	10 PH		00826 CERTIFICATE OF DEATH	00808
death	意意	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. STATE b. COUNTY //	sidence before admission
	# 7 m	_	MARYLAND MARYLAND	rtord
S.	C 28 5	,	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	no give nearest town
hours	- SE	7	19776-0e-GRACE AUGS TOTHER OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS.	e. IS RESIDENCI
24	paper hin 72	1	HARFORD Memorial Hospital 456 alliquee ST	YES NO X
within	bon with	3.	NAME OF PIRST RIMIDALE 4. DATE Month DECEASED	Day Year
	car ent,	-	(Type or print) Daby Dog Tarbray DEATH	9 1966
executed	and co emove any ev	5	M - / 2 I A S I MARKIED NEVER WARRIED 1 S I / (last birthday) Months 0	Days Hours Min.
exe		10	a USUAL OCCUPATION (GIVE KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
e pe	sician lease and in	dui	ring most of working life, even if retired) INDUSTRY	SA
3	T S	13		1 -
the car	remova	16	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	RORay
death	atten irmit. n, or r	(Y	es, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Mor a an an analysis of service) Nor a an analysis of service)	25 nhotip
e de	ti pe	-	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).)	INTERVAL BETWEEN
it the	ed by t transit , сгета		PART I. DEATH WAS CAUSED BY: / praline members desere	ONSET AND DEATH
s tha	n signed burial-tra burial, co		//30 DUE TO	48
g ph	been s the bu		gave rise to Immediate (b)	
v rec			cause (a), stating the OUE TO underlying cause last.	
atte	(1) -	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
al or	certificate hed for use to Health g	IFICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES NO
PHYSICIAN the hospit	this certi etached Dept. of	CERTIFICATION	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
G PHY y the		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, lambda of the street, office bldg., etc.) 19 19 19 19 19 19 19 1	ty) (State)
	70 0	2	21. I certify that (I) (this hospital) attended the deceased from 19 to 19 19	that (I) (we) las
TTE) etair	3 shoul with th		saw the deceased alive on 19 166 19 , and that death occurred at 5 P.M. from the causes and on the	
OR A	AL DIRECTOR: page 3 shoul filed with the	П	22a. SIGNATURE M.O. PHYS. MED. STAFF PHYS. 22b. 0A]	TE SIGNED
ITAL may	tor, par d be fil		22c. PHYSICIAN'S 22d. AODRESS	07 -1
D HOSPITAL Page 4 may	o FUNERAL director, pa should be fil	-	JOHN D. YUN HAULE DE GIVE	ity) (State)
Pa	の音楽	238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun semoval (Specify) 1-11-66 St. James AM. E. Centus Have de Nice	Haynd ned
	W.	24		SIGNATURE
VR A	1/65		(Itelia & Bullock, Have de Disea 201 Oate 1 1956)	Just -
			4 - 170780	

HTJ. wie AD ZHENES AS

Lather on death and buth certificate to not agree. Several letters to the mother have not been answered: 5/18/66-MB.